

John Holland, M.D.
10/21/2019

1 (1)

1	IN THE UNITED STATES DISTRICT COURT	
2	FOR THE WESTERN DISTRICT OF WISCONSIN	
3	JESSICA TISCHER,) CASE NO.
4	individually and as) 3:19-cv-00166-jdp
5	Personal Representative for)
6	the Spouse and Children of)
7	Jacob Tischer, Decedent,)
8	PLAINTIFF,) VIDEOTAPED
9	VS.) DEPOSITION OF
10	UNION PACIFIC RAILROAD) JOHN P. HOLLAND, M.D.
11	COMPANY, a Delaware)
12	corporation,)
13	DEFENDANT.)
14	- - - - -)
15	UNION PACIFIC RAILROAD)
16	COMPANY, a Delaware)
17	corporation,)
18	DEFENDANT/THIRD-)
19	PARTY PLAINTIFF,)
20	VS.)
21	PROFESSIONAL)
22	TRANSPORTATION, INC.,)
23	THIRD-PARTY)
24	DEFENDANT.)
25	- - - - -)
	VIDEOTAPED DEPOSITION OF JOHN P. HOLLAND,	
	M.D., taken before Brianne L. Starkey, RPR, CRR,	
	General Notary Public within and for the State of	
	Nebraska, beginning at 11:05 a.m., on October 21,	
	2019, at the offices of Thomas & Thomas Court	
	Reporters and Certified Legal Video, L.L.C.,	
	1321 Jones Street, Omaha, Nebraska.	

John Holland, M.D.
10/21/2019

2 (2)

1 A P P E A R A N C E S

2 FOR THE PLAINTIFF:
3 MR. PAUL A. BANKER
4 HUNEGS LENEAVE & KVAS, P.A.
5 1000 Twelve Oaks Center Drive, Suite 101
6 Wayzata, Minnesota 55391
7 (612)339-4511 FAX (612)339-5150
8
9 pbanker@hlklaw.com
10

11
12 FOR THE DEFENDANT:
13 MR. THOMAS A.P. HAYDEN
14 UNION PACIFIC RAILROAD CORPORATION
15 101 North Wacker Drive, Room 1920
16 Chicago, Illinois 60606
17 (312)777-2062 FAX (877)213-4433
18
19 tahayden@up.com
20

21
22 FOR THE THIRD-PARTY DEFENDANT:
23 MR. MICHAEL B. COHEN
24 QUINTAIROS, PRIETO, WOOD & BOYER, P.A.
25 233 South Wacker Drive, 70th Floor
(312)566-0700 FAX (312)566-0041
michael.cohen@qpwbllaw.com

18 A L S O P R E S E N T

19 VIDEOGRAPHER:
20 MS. LISA OLSEN
21 Thomas & Thomas Court Reporters &
22 Certified Legal Video, L.L.C.
23 1321 Jones Street
24 Omaha, Nebraska 68102
25 (402)556-5000 FAX (402)556-2037

John Holland, M.D.
10/21/2019

3 (3)

1	I N D E X		
2	CASE CAPTION	Page	1
3	APPEARANCES	Page	2
4	INDEX	Page	3
5	EXHIBITS	Page	4
6	TESTIMONY	Page	6
7	REPORTER CERTIFICATE	Page	130
8	DIRECT EXAMINATION:		
9	By Mr. Banker	Page	6
10	CROSS-EXAMINATION:		
11	By Mr. Cohen	Page	115
12	CROSS-EXAMINATION:		
13	By Mr. Hayden	Page	125
14			
15			
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

John Holland, M.D.
10/21/2019

4 (4)

1	E X H I B I T S		
2	EXHIBIT NO.		MARKED
3	Exhibit 27.	Notice of Deposition	7
4	Exhibit 28.	Union Pacific Medical Rules	47
5	Exhibit 29.	Complete Training History - Neil A. Franchuk	98
6	Exhibit 30.	Complete Training History -	100
7		Stephen M. Marvin	
8			
9	EXHIBIT PREVIOUSLY MARKED		IDENTIFIED
10	Exhibit 9.	BasicPlus - CPR, AED, and First Aid for Adults	9
11	Exhibit 16.	Email Correspondence	89
12	Exhibit 19.	Incident Spreadsheet	91
13	Exhibit 20.	Supplemental Rule 26(a)(1) Disclosure	80
14	Exhibit 21.	DVD Screen Shots	10
15	Exhibit 22.	Letter Dated November 14, 2017	85
16			
17			
18			
19			
20			
21			
22			
23			
24			
25			

John Holland, M.D.

5 (5 - 8)

10/21/2019

<p style="text-align: right;">Page 5</p> <p>1 (Whereupon, the following proceedings were 2 had, to-wit:)</p> <p>3 VIDEOGRAPHER: This is the videotaped 4 deposition of John Holland, M.D., taken in the case 5 entitled Jessica Tischer, et al., versus Union 6 Pacific Railroad Company, et al.</p> <p>7 This deposition is being held at the 8 offices of Thomas & Thomas Court Reporters. Today's 9 date is October 21st, 2019, and the approximate time 10 is 11:05 a.m.</p> <p>11 My name is Lisa Olsen, the videotape 12 specialist from Thomas & Thomas Court Reporters. 13 The court reporter is Brianne Starkey.</p> <p>14 Will counsel please introduce themselves 15 for the record.</p> <p>16 THE WITNESS: John Paul Holland.</p> <p>17 MR. BANKER: Paul Banker, 18 B-A-N-K-E-R, on behalf of plaintiff.</p> <p>19 MR. HAYDEN: Thomas Hayden, 20 H-A-Y-D-E-N, on behalf of defendant, Union Pacific.</p> <p>21 MR. COHEN: Michael Cohen, C-O-H-E-N, 22 on behalf of third-party defendant Professional 23 Transportation, Incorporated.</p> <p>24 25</p>	<p style="text-align: right;">Page 7</p> <p>1 A. Yes.</p> <p>2 Q. And if I ask a question today that you 3 don't understand, feel free to ask me for 4 clarification, and I'll do what I can to clarify the 5 question.</p> <p>6 If you don't do that, I'm going to assume 7 that you've understood the question. Is that a fair 8 assumption?</p> <p>9 A. Yes.</p> <p>10 Q. And if you need to take a break at some 11 point, let me know and we'll try to accommodate 12 that.</p> <p>13 Just before we leave the topic of -- how 14 many times would you expect that you've been deposed 15 previously?</p> <p>16 A. Probably somewhere 50 or more.</p> <p>17 Q. In your capacity as a -- as the medical 18 officer for Union Pacific Railroad?</p> <p>19 A. Well, I -- I don't know for sure, but I 20 would imagine at least probably 30 or 40 times.</p> <p>21 Q. In that capacity?</p> <p>22 A. Yes.</p> <p>23 Q. Okay.</p> <p>24 (Exhibit 27 25 marked for identification.)</p>
<p style="text-align: right;">Page 6</p> <p>1 JOHN P. HOLLAND, M.D. 2 having been first duly sworn, 3 was examined and testified as follows: 4 DIRECT EXAMINATION</p> <p>5 BY MR. BANKER:</p> <p>6 Q. Good morning, Dr. Holland. Have you had 7 your deposition taken before?</p> <p>8 A. Yes.</p> <p>9 Q. I would expect probably a number of times?</p> <p>10 A. Yes.</p> <p>11 Q. So you're -- I take it you're familiar 12 with the process?</p> <p>13 A. Yes, I am.</p> <p>14 Q. The court reporter is going to be taking 15 down everything that gets said, so it's important 16 just as a reminder to answer audibly as opposed to 17 saying uh-huh or huh-uh or nodding your head. Do 18 you understand?</p> <p>19 A. Yes.</p> <p>20 Q. And it's also important so that we have a 21 clear record that we not talk over one another, so 22 I'll try to finish my question and then pause and 23 give you a chance to answer.</p> <p>24 If you could do the same, we'll get a 25 clearer record out of that. Okay?</p>	<p style="text-align: right;">Page 8</p> <p>1 BY MR. BANKER:</p> <p>2 Q. Let me show you what's been marked for 3 identification as Exhibit 27. Have you seen this 4 document before?</p> <p>5 MR. HAYDEN: Thank you.</p> <p>6 MR. COHEN: Thanks.</p> <p>7 THE WITNESS: No.</p> <p>8 BY MR. BANKER:</p> <p>9 Q. I'll represent to you that this is a 10 notice of deposition in this case, both -- for your 11 deposition, both in your individual capacity as well 12 as in your corporate representative capacity.</p> <p>13 And I want to point your attention to 14 Page 2. And at the end of the text but above the 15 signature line, you'll see that there are two topics 16 laid out there that you've been -- that UP has been 17 asked to designate a witness to testify about.</p> <p>18 Have you seen those topics previously?</p> <p>19 A. No.</p> <p>20 Q. Okay. Let me approach it this way: Other 21 than conversations with your attorney, what, if 22 anything, have you done to prepare for your 23 deposition today?</p> <p>24 A. I reviewed the Union Pacific first aid 25 training brochure that was applicable in 2017.</p>

John Holland, M.D.
10/21/2019

6 (9 - 12)

<p style="text-align: right;">Page 9</p> <p>1 Q. Okay. Anything else that you've done to 2 prepare for your deposition today? 3 A. No. 4 MR. HAYDEN: I want to object here 5 just because I -- I apologize. I did not see this 6 before, so I was going on an email that you and I 7 were exchanging. 8 So having seen this, I will represent he 9 will be the designee for No. 2; but as I understand 10 No. 1, probably not. 11 MR. BANKER: Okay. Well, I guess 12 we'll see how far we get with it, and -- 13 MR. HAYDEN: Yeah. It could -- I 14 think I know what you're talking about there with 15 No. 1, but I'm just not sure, so he may be able to 16 help. 17 MR. BANKER: Okay. 18 (Exhibit 9 previously marked in 19 a prior deposition.) 20 BY MR. BANKER: 21 Q. Let me jump -- I want to show you -- you 22 referenced a first aid training brochure. Let me 23 just show you that. 24 I'm showing you what's been previously 25 marked as Deposition Exhibit 9. I'll represent to</p>	<p style="text-align: right;">Page 11</p> <p>1 testimony this morning, what you looked at in 2 preparation was the -- the student BasicPlus book 3 that is excerpts of or contained in Exhibit 9? 4 A. Yes. I looked at the book. 5 Q. Okay. Let me just get -- switch gears 6 here and get just a little bit of background 7 information about you. 8 Where do you currently live? 9 A. Well, I live in Washington state and I 10 also have a condominium downtown here in Omaha, so I 11 go back and forth. 12 Q. Where do you consider yourself to be a 13 permanent resident of? 14 A. Washington state. 15 Q. Okay. And where in Washington state do 16 you live? 17 A. Puallup. 18 Q. How do you spell that? 19 A. P-U-I-A-L-L-U-P. 20 Q. I assume that you are a medical doctor? 21 A. Yes. 22 Q. Where did you attend medical school? 23 A. I received my medical degree at the 24 University of Nebraska College of Medicine here in 25 Omaha, Nebraska.</p>
<p style="text-align: right;">Page 10</p> <p>1 you that this is an excerpt from a book that was 2 produced in discovery in this case by UP, a 3 BasicPlus student book. And what I've excerpted out 4 here is the table of contents as well as some 5 information pertaining to altered mental status and 6 strokes. 7 Do you recognize this as being the 8 training brochure that you reviewed? 9 A. Yes, I do. 10 Q. Okay. And let me also show you this. 11 (Exhibit 21 previously marked in 12 a prior deposition.) 13 BY MR. BANKER: 14 Q. Showing you what's been previously marked 15 as Deposition Exhibit 21. 16 Is there a companion DVD to the BasicPlus 17 student book? 18 A. I'm not sure. 19 Q. Okay. I'll represent to you that 20 Exhibit 21 are screen shots from a DVD -- training 21 DVD that was produced to us in discovery in this 22 case, and the screen shots that have been excerpted 23 out into Exhibit 21 related to altered mental status 24 and stroke. 25 But if I understand what you -- your</p>	<p style="text-align: right;">Page 12</p> <p>1 Q. And when was that? 2 A. 1977. 3 Q. And did you do any formal training after 4 that? 5 A. Yes. 6 Q. Kind of walk me through, if you would, 7 your background as a medical doctor. 8 A. I did a year of internal medicine 9 internship. It was in San Francisco, Pacific 10 Medical Center. 11 Then I did postgraduate -- second 12 postgraduate year as a resident in psychiatry at 13 Oregon Health Sciences University in Portland. 14 I left that residency after one year, and 15 then I was in practice in an occupational medicine 16 clinic in Portland for five years. 17 And then I went to the University of 18 Washington where I completed a residency in 19 occupational medicine and received a master of 20 public health degree. 21 Q. Okay. Other than -- so you are a licensed 22 medical doctor in what state? 23 A. I'm licensed in Washington, and I have an 24 inactive license in Oregon. 25 Q. Do you have any other professional</p>

John Holland, M.D.
10/21/2019

7 (13 - 16)

Page 13	Page 15
<p>1 licenses or certifications?</p> <p>2 A. I'm board-certified in occupational</p> <p>3 medicine by the American Board of Preventive</p> <p>4 Medicine.</p> <p>5 Q. And what does -- just from a layperson's</p> <p>6 perspective, what does that mean exactly?</p> <p>7 A. Well, occupational environmental medicine</p> <p>8 is a discipline that deals with all aspects of</p> <p>9 health related to work and also health related to</p> <p>10 environmental issues, particularly chemical</p> <p>11 exposures in the environment.</p> <p>12 On a practical basis, a lot of</p> <p>13 occupational medicine is dealing with preventive</p> <p>14 health of workers, is dealing with determining</p> <p>15 medical fitness for duty for people in safety</p> <p>16 critical activities or activities where there's</p> <p>17 specific functional requirements, dealing with</p> <p>18 assessment and treatments of injuries, illnesses,</p> <p>19 and exposures that may happen at work.</p> <p>20 And then a lot of our discipline also has</p> <p>21 to do with working to make the workplace safer and</p> <p>22 working on environmental issues with others,</p> <p>23 colleagues and safety and other disciplines.</p> <p>24 Q. Okay. And what does it mean -- what does</p> <p>25 it entail in being board-certified in occupational</p>	<p>1 certain cases in terms of fitness for duty.</p> <p>2 So this is, you know, basically whatever I</p> <p>3 was directed to do by the chief medical officer.</p> <p>4 Q. Okay. You mentioned a concept that I want</p> <p>5 to make sure I understand. You mentioned the health</p> <p>6 and medical services department.</p> <p>7 So is that -- when you say you're the</p> <p>8 chief medical officer, is it the chief medical</p> <p>9 officer within the health and medical services</p> <p>10 department?</p> <p>11 A. Well, I'm the chief medical officer for</p> <p>12 the company, for Union Pacific Railroad.</p> <p>13 Q. Okay.</p> <p>14 A. And my -- I work within -- I mean, I'm in</p> <p>15 that department, health and medical services, which</p> <p>16 then is a subdepartment within workforce resources.</p> <p>17 Q. So as the chief medical officer of Union</p> <p>18 Pacific Railroad from 2010 to present, what are your</p> <p>19 principal duties and responsibilities?</p> <p>20 A. Well, I assist the department along with</p> <p>21 other colleagues in helping to develop our policies</p> <p>22 and procedures for dealing with fitness for duty for</p> <p>23 our workers in safety critical positions.</p> <p>24 Also for working with other departments,</p> <p>25 such as safety in operations in terms of safety and</p>
Page 14	Page 16
<p>1 medicine exactly?</p> <p>2 A. Well, it's a medical board that's</p> <p>3 recognized by the American Board of Medical</p> <p>4 Specialties. It involves a certain type of formal</p> <p>5 training and practical experience and then extensive</p> <p>6 examination.</p> <p>7 Q. Okay. Are you currently employed?</p> <p>8 A. Yes.</p> <p>9 Q. By whom?</p> <p>10 A. Union Pacific Railroad.</p> <p>11 Q. What do you do for Union Pacific Railroad?</p> <p>12 A. I am the chief medical officer.</p> <p>13 Q. And how long have you been doing that?</p> <p>14 A. I've worked with Union Pacific Railroad</p> <p>15 since 2003, and I've been chief medical officer</p> <p>16 since March 2010.</p> <p>17 Q. What did you do for Union Pacific before</p> <p>18 you became -- from 2003 to 2010 before you became</p> <p>19 the chief medical officer?</p> <p>20 A. From 2003 to 2010, I worked as a</p> <p>21 consultant to the health and medical services</p> <p>22 department and also worked with the law department</p> <p>23 and a variety of different assignments.</p> <p>24 Some of them had to do with developing</p> <p>25 programs. Some of them had to do with reviewing</p>	<p>1 health issues in general, either both working on</p> <p>2 policies and responding to specific situations.</p> <p>3 Q. Okay. Would you consider a conductor</p> <p>4 working for UP, is that a safety critical position?</p> <p>5 A. Yes.</p> <p>6 Q. Let me -- let me change gears and sort of</p> <p>7 reorient us a little bit.</p> <p>8 So I want to take your deposition both in</p> <p>9 your personal capacity as well as in -- capacity as</p> <p>10 a corporate representative. Let's focus first on</p> <p>11 your personal capacity.</p> <p>12 Do you have any awareness -- personal</p> <p>13 knowledge regarding an incident involving a UP</p> <p>14 conductor, Jacob Tischer, August 12, 2017, at the</p> <p>15 Altoona depot?</p> <p>16 A. No. I was not -- I don't recall having</p> <p>17 any personal involvement or personal knowledge of</p> <p>18 this, I mean, other than what we talked about prior</p> <p>19 to the deposition today.</p> <p>20 Q. Okay. And so by personal knowledge, I</p> <p>21 mean you weren't personally involved in the incident</p> <p>22 itself at Altoona?</p> <p>23 A. That's correct, that I was not.</p> <p>24 Q. And I'm going to go over a number of names</p> <p>25 and see if you recognize any of them to ask you,</p>

John Holland, M.D.
10/21/2019

8 (17 - 20)

<p style="text-align: right;">Page 17</p> <p>1 have you had conversations with any of these people? 2 Have you had any conversations with, for example, 3 Mark Marvin? 4 A. You mean conversations related to this 5 case or -- 6 Q. Yes. 7 A. -- conversations -- okay. No. 8 Q. Related -- relating to the Tischer 9 incident? 10 A. No, I have not. 11 Q. Do you know Mark Marvin? 12 A. I don't believe so. It's possible I 13 could've talked to him. 14 Q. Okay. 15 A. But I don't believe I know him. 16 Q. How about is the name Neil Franchuk, 17 F-R-A-N-C-H-U-K, do you know Mr. Franchuk? 18 A. I don't believe so. 19 Q. And to follow up on that, have you had any 20 conversations with Mr. Franchuk about the Tischer 21 incident? 22 A. No. 23 Q. Okay. How about a gentleman by the name 24 of Chaz, C-H-A-Z, Lux, L-U-X? 25 A. I do not recall his name, and I don't --</p>	<p style="text-align: right;">Page 19</p> <p>1 personal knowledge that you might have regarding the 2 Tischer incident, we've talked about conversations 3 and communications. 4 Have you looked at any documents regarding 5 the Tischer incident other than what you've 6 described in your -- this morning in terms of 7 preparation for this deposition when you reviewed 8 the BasicPlus first aid student book? 9 A. So other than the first aid book, 10 BasicPlus, I have not looked at any documents 11 related to this incident. 12 Q. Okay. So let me think about the best 13 way -- you know, what I'd like to do now is shift 14 and talk with you as a corporate representative on 15 the topics that were laid out in Exhibit 27. 16 And the first topic is UP railroad -- 17 "UP's railroad operations policies and procedures 18 applicable to Jacob Tischer's work as a conductor on 19 August 12, 2017, and pertaining to his illness, 20 altered consciousness, or incapacitation." 21 Do you see that? 22 A. Yes, I see you're reading this question. 23 Q. Sure. 24 A. What... 25 Q. So that's the topic to sort of frame</p>
<p style="text-align: right;">Page 18</p> <p>1 didn't have any conversations with him about this 2 incident. 3 Q. Okay. How about Mike Swentik, 4 S-W-E-N-T-I-K? 5 A. Again, I don't recall his name. I don't 6 recall talking to him about this incident. 7 Q. Okay. How about Eric Erickson, 8 E-R-I-C-K-S-O-N? 9 A. Once again, I don't recall talking to him 10 about this incident. I don't know -- and I don't 11 know him. 12 Q. Okay. So prior -- other than talking in 13 preparation for your deposition today, did you have 14 any awareness that there had been an employee 15 incident in August of 2017 involving a stroke? 16 A. I don't have any recollection of that, no. 17 MR. BANKER: Okay. Why don't we go 18 off the record for a moment. 19 VIDEOGRAPHER: The time is 11:24 a.m. 20 Counsel, we're off the record. 21 (Discussion had off the record.) 22 MR. BANKER: The time is 11:26 a.m. 23 Counsel, we're back on the record. 24 BY MR. BANKER: 25 Q. Just before we leave the subject of any</p>	<p style="text-align: right;">Page 20</p> <p>1 our -- frame our discussion. 2 It sounds like you don't have independent 3 knowledge of the Jacob Tischer incident, so I guess 4 what I'm going to do to set the stage is provide you 5 as best I can with what has been testified about in 6 this case and then ask you some questions. 7 So Mr. Tischer was working as a conductor 8 out of the Altoona yard on August 12th, 2017. He 9 received a call from home from a crew management 10 service, a CMS system. Are you familiar with CMS? 11 A. Yes. 12 Q. How does it work when someone is called 13 off an extraboard to work as a conductor and they're 14 ill? 15 MR. HAYDEN: If you know. 16 THE WITNESS: Well, we -- regardless 17 of whether people are reporting to work at their 18 regular work shift or they're called by the crew 19 management service to come in, if someone is ill, we 20 expect them to -- if -- to make a judgment about 21 whether they are capable of working, you know, 22 physically capable of working safely before they 23 come to work. 24 And if they don't, then they're supposed 25 to notify their supervisor, you know, that they're</p>

John Holland, M.D.
10/21/2019

9 (21 - 24)

<p style="text-align: right;">Page 21</p> <p>1 ill and they can't come into work. So that's 2 expected of all of our -- all of our employees. 3 BY MR. BANKER: 4 Q. Is that policy written down anywhere? 5 A. Yes. 6 Q. Where would I find that? 7 A. So Union Pacific has medical rules, and 8 the current medical rules have been in place since 9 2014. There were medical rules before that, but the 10 last revision was 2014. 11 And it says in the medical rules that 12 employees are responsible to make sure they're 13 physically fit for duty before they report for work. 14 Q. Okay. So is the term "busted call" 15 meaningful to you? 16 A. No. 17 Q. Okay. The testimony that's been given in 18 this case sort of sets the stage as on the morning 19 of the 12th of 2017, Mr. Tischler received a call to 20 report to work. And then he had another 21 communication that told him the crew wasn't ready, 22 and so he -- he was going to be called to work 23 later. So his day at Altoona starts at 24 approximately 2 p.m. in the afternoon. 25 Is there anything in the medical rules</p>	<p style="text-align: right;">Page 23</p> <p>1 So -- so they're primarily things that 2 would be significant like someone goes into the 3 emergency room with chest pain. You're supposed to 4 then not go to work but notify your manager that you 5 need to have a fitness-for-duty evaluation and 6 notify health and medical services too so that we 7 can do a fitness-for-duty evaluation to determine if 8 you're safe to return. And those are, as I said, in 9 Appendix B of the medical rules. 10 Q. Do you know what the -- what the 11 reportable health events are? 12 A. Well, I -- to be specific, you know, it's 13 one page. I would have to read them off, but 14 they're in five major categories. 15 Q. Okay. 16 A. The first one is cardiovascular issues. 17 The next one is neurological, mainly 18 seizures or loss of consciousness, unexplained loss 19 of consciousness. 20 There's some things related to diabetes 21 with insulin, being -- what we call insulin reaction 22 or hypo- -- severe hypoglycemic event. 23 There's issues related to sleep disorders, 24 particularly obstructive sleep apnea and loss of 25 consciousness related to that.</p>
<p style="text-align: right;">Page 22</p> <p>1 that addresses -- I understand what you're saying 2 about a judgment about a physical capacity to work 3 safely, but is there anything in the medical rules 4 that addresses, you know, kind of common cold or 5 flu, the usual sickness that people kind of have and 6 work through? 7 A. No. The statement is just what I said. 8 It's more of a general statement, that you have a 9 responsibility to be fit for duty physically, 10 medically when you report for work. 11 Q. Okay. When someone has reported to work, 12 do the medical rules address the situation where 13 that person's condition changes over time? 14 A. Not really. The medical rules don't -- 15 aren't dealing with these day-to-day specific 16 things. 17 Q. Okay. More of a general principle? 18 A. Yes. It's more of a general principle. 19 There are some reportable -- there are -- 20 in the medical rules, there is a part of the medical 21 rules called Appendix B where there is some listed 22 reportable health events; and if these occur, that 23 the employee is supposed to notify their manager and 24 notify health and medical services and stay off work 25 until they're evaluated.</p>	<p style="text-align: right;">Page 24</p> <p>1 There's issues related to vision, vision 2 changes. 3 And there's issues related to hearing, 4 certain hearing changes. 5 Q. Okay. That's a helpful overview for me. 6 Am I understanding you right to say that 7 if an employee has an event that falls into one of 8 those categories, that's a reportable event and 9 they're not to work until they get a 10 fitness-for-duty evaluation? 11 A. That's correct. And they're -- there's -- 12 they're supposed to do three things. They're 13 supposed to notify their manager that they need -- 14 that they have an event that requires a 15 fitness-for-duty evaluation. 16 They're supposed to notify our department, 17 health and medical services, and they're supposed to 18 stay off work until we've cleared them to go back to 19 work from health and medical services. 20 Q. And just so I understand the nuts and 21 bolts of it, notifying a manager I would presume an 22 employee would have contact information for a 23 manager. 24 How does an employee notify health and 25 medical services about a reportable health events?</p>

John Holland, M.D.
10/21/2019

10 (25 - 28)

<p style="text-align: right;">Page 25</p> <p>1 A. Well, the medical rules, first of all, are 2 something that all the employees are not just safety 3 critical employees, but all employees are required 4 to know about and understand. 5 You know, the primary important thing here 6 is not reporting to work until this condition is 7 evaluated, so they will usually mention it to their 8 supervisor. Maybe their supervisor will call us or 9 direct them to call us, but you know, it could 10 happen various ways, or they may know to just call 11 it from the medical rules. 12 But the primary thing in terms of safety 13 for them and others is to make sure they are not 14 reporting to work until this is evaluated. 15 Q. Okay. 16 A. So, I mean, our -- I think employees 17 generally know how to reach our department. 18 Q. Okay. I want to focus -- you know, so you 19 gave me a list of reportable health events by 20 category. I want to focus on the -- well, there's 21 two categories I want to ask questions about. 22 The first was a cardiovascular category, 23 and I think you described it as maybe chest pains -- 24 having chest pains and going to the ER? 25 A. Well, could you tell me your question</p>	<p style="text-align: right;">Page 27</p> <p>1 could also be cardiac. It could be an insulin 2 reaction. It could be a number of things. 3 So we -- we just group that together as a 4 convenient place to put it, but it's any loss of 5 consciousness event that happens. 6 Q. So there's been testimony in the case 7 about the morning of August 12th, 2017, to the 8 effect that -- and the times aren't crystal clear in 9 the testimony, but that -- assume for the sake of 10 argument that Mr. Fischer received a call from CMS 11 sometime before 8:30, that within a half hour of 12 receiving that call and accepting the call, he 13 collapsed in his kitchen and his wife was there 14 observing him. 15 And for ten or fifteen seconds, he was 16 nonresponsive on the floor. And she was considering 17 calling 911 because she couldn't get him to respond. 18 And then he came around and they talked about it and 19 said what happened and he said, you know, I don't 20 know. 21 Based on that description, do you believe 22 that that would fall into this seizure category or 23 unexplained loss of consciousness, or what 24 additional information would you want to know about 25 that?</p>
<p style="text-align: right;">Page 26</p> <p>1 again? 2 Q. Sure. 3 I'm just -- I want to make sure I 4 understand what falls into this cardiovascular 5 category. 6 A. Well, again, it would be -- it would be 7 easier if I had it here to read it because there's 8 specific wording that we put in it. 9 But what it is is something that is -- if 10 we're focusing on myocardial infarction or heart 11 attack or having had a heart attack, having been 12 hospitalized or gone to an emergency room for a 13 possible heart attack, whether or not that was 14 confirmed, or having certain diagnostic procedures, 15 you know, that would be done related to evaluating a 16 serious cardiac condition. 17 Q. Okay. So let's set that category aside. 18 I want to understand this -- the next 19 category, the neurological seizures or unexplained 20 loss of consciousness category. 21 What falls into that category? 22 A. If someone's had a seizure or has been 23 diagnosed with epilepsy, we put in that category 24 loss of consciousness of unknown or unclear cause. 25 Now that isn't just neurological. It</p>	<p style="text-align: right;">Page 28</p> <p>1 A. So I would consider that in the category 2 of unexplained loss of consciousness. 3 Q. Okay. Whether or not his eyes remained 4 open, just the fact that he fell to the ground? 5 A. Well, the way you described it, I mean, 6 you described that his -- apparently his wife had 7 said he was unconscious or unresponsive for 8 15 seconds. 9 Q. Well, I think the testimony was that he 10 was -- his eyes were open, he's looking up at the 11 ceiling, and he's not responding as she's talking to 12 him with increasing volume trying to get a response 13 out of him. So he's unresponsive. 14 A. Yeah. So I think that's -- I think that 15 fits into this category of unexplained loss of 16 consciousness. 17 Q. Okay. And what is indicated -- you know, 18 just based on the limited information I've provided 19 to you about this based on the testimony, would that 20 be enough to trigger in your mind the reportable 21 health event, that you would then notify the 22 manager, you would notify health and medical 23 services, and you would need a fitness-for-duty 24 evaluation? 25 A. Yes. I would consider this a reportable</p>

John Holland, M.D.
10/21/2019

11 (29 - 32)

<p style="text-align: right;">Page 29</p> <p>1 health event that would require those notifications 2 and where he should stay off work until it's 3 evaluated. 4 Q. Okay. Even if they didn't call 911 or go 5 to the doctor beforehand, just the fact of being 6 unresponsive would be enough in your mind? 7 A. Well, I'm going on what you described -- 8 Q. Sure. 9 A. -- where he was in the kitchen and he 10 apparently collapsed and was unresponsive for ten or 11 fifteen seconds, despite the wife's trying to get a 12 response from him, so yes. 13 I would consider that a loss of 14 consciousness event that does require someone to 15 stay off work until they're evaluated appropriately, 16 and then we decide if they're safe to return. 17 Q. What does that -- thinking about the third 18 part, you know, so you notify your manager and you 19 notify health and medical services, and then there's 20 a fitness-for-duty evaluation. 21 What does the fitness-for-duty evaluation, 22 what does that look like in this scenario that I've 23 described to you? 24 A. Okay. So this is a term commonly used in 25 occupational medicine, transportation medicine, even</p>	<p style="text-align: right;">Page 31</p> <p>1 individualized evaluation, and make a determination 2 of whether they can return to work with or without 3 work restrictions or accommodations. 4 Q. And I want to drill down to one of the 5 things you mentioned there. 6 So a fitness-for-duty evaluation, it 7 sounds like that can be performed either by an 8 employee's own doctor or by the employer's doctor? 9 A. Well, it's not exactly either of those. 10 The fitness-for-duty evaluation is really looking at 11 all the relevant information. 12 So it isn't just, you know, one particular 13 physical examination. It's when an individual, for 14 instance, has a loss of consciousness event. 15 They're typically evaluated by their own doctor. 16 They may have multiple tests. They may see multiple 17 specialties. They may go in the emergency room. 18 They may even be hospitalized. And so what we'll 19 require is all that -- all those medical records. 20 That often has a report of a fairly 21 detailed evaluation, and we don't feel the need to 22 have an additional evaluation of our own, but that's 23 always an option if we need it. 24 We take all that information, we look at 25 it to determine what the health condition seems to</p>
<p style="text-align: right;">Page 30</p> <p>1 in regulations where they say fitness for duty is 2 doing a medical evaluation to determine -- to make a 3 judgment or a determination if a person's health 4 conditions or perhaps their treatment may pose a 5 safety risk for themselves or others if they return 6 to safety critical work. 7 So what we're concerned about with loss of 8 consciousness is if the person has an underlying 9 health condition that's either going to be resulting 10 in some functional impairment that's going to affect 11 their safety in doing their job, or if they have a 12 risk for recurrent loss of consciousness -- or 13 sudden incapacitation, which could be -- which could 14 be loss of consciousness or sudden loss of physical 15 or mental functioning. And so those are the kind of 16 things we look at in a fitness-for-duty 17 determination. 18 And then we, of course, do an 19 individualized evaluation of the employee, which 20 often involves getting medical records from their 21 own health-care providers or we could do -- we can 22 also do additional evaluations ourselves. And then we 23 also look at the essential functions of their job -- 24 and safety concerns of their jobs. 25 We put all this together, it's an</p>	<p style="text-align: right;">Page 32</p> <p>1 be, you know, and then we know from looking at the 2 medical literature if there -- if that health 3 condition is associated in the medical literature 4 with risk for recurrent problems, recurrent sudden 5 incapacitation or impairment, and we'll then look at 6 the job duties and we'll make a determination about 7 whether the person can safely come back. 8 Sometimes we'll put work restrictions on 9 them that would allow them to be safe, and, you 10 know, then often there -- it also works through the 11 accommodation process to see if they can be 12 accommodated. 13 So it's -- just to summarize, 14 fitness-for-duty evaluation is the whole process. 15 It's not just a single examination. 16 Q. Okay. Let me -- so if I understand what 17 you're saying here, the -- what I've described to 18 you of Mr. Tischer losing consciousness or falling 19 to the ground and becoming unresponsive for ten or 20 fifteen seconds, that -- at least that description 21 alone creates a red flag for you for triggering this 22 reportable health event protocol? 23 A. Yes. We -- well, to be more precise, we 24 consider that a reportable health event -- 25 Q. Yeah.</p>

John Holland, M.D.
10/21/2019

12 (33 - 36)

<p style="text-align: right;">Page 33</p> <p>1 A. -- that loss of consciousness, that would 2 then require the person to go through this process 3 of staying off work until it was evaluated, 4 informing us, and the manager. 5 Q. How does a -- how would an employee know 6 that -- what the reportable health event protocol 7 is? Are they trained on these medical rules? Are 8 they tested on them? 9 A. So the medical rules, first of all, are 10 available on the UP website, and it is part of 11 training of all employees that they know about the 12 medical rules. 13 They have to -- all employees have to sign 14 I think it's either -- I think it's called an 15 affirmation, that they understand the medical rules. 16 And that's something we have had in place for four 17 or five years now. I'm not sure if it's affirmation 18 or -- it's something like that. 19 Q. So just as far as we've gotten in the -- 20 in the story about the loss of consciousness or loss 21 of balance and falling to the ground and being 22 unresponsive, is there any way from that posture 23 that an employee could just shake that off and say, 24 you know, no, I'm fine, or is the die cast at that 25 point from your perspective?</p>	<p style="text-align: right;">Page 35</p> <p>1 medical event as I've described it? 2 A. Yes. 3 Q. Let me add -- let me add a feature to it. 4 So he begins talking to his wife again, he 5 doesn't want her to call 911, and then within a 6 couple of minutes, he goes into the bathroom and he 7 throws up. 8 Does that add or subtract anything to the 9 story in your mind in terms of a reportable medical 10 event? 11 MR. HAYDEN: I'll just object there. 12 I think there's part of that that's not in evidence. 13 But you're -- you can answer. 14 THE WITNESS: So now I think we're 15 dealing with two different issues. I mean, if -- if 16 someone is called to go to work and they're throwing 17 up, I mean, they have the ability to say I'm not 18 feeling well, I don't think I should come into work. 19 BY MR. BANKER: 20 Q. Uh-huh. 21 A. But vomiting is not a reportable health 22 event. 23 Q. Okay. 24 A. And it was the loss of consciousness and 25 unresponsiveness that's a reportable health event,</p>
<p style="text-align: right;">Page 34</p> <p>1 A. Well, according to the medical records, 2 they would need to be evaluated and we would have -- 3 someone who was a conductor, we certainly wouldn't 4 want them to go out and do their safety critical 5 work on the train or in the train yard until it was 6 evaluated, because we're concerned, of course, that 7 there may be -- there may be a recurrence. There 8 may be something going on that's going to cause it 9 again. 10 And if -- we want them to get medical 11 attention in any case. I mean, I think even if you 12 weren't at work, it's something you would want to 13 get medical attention for, but we want to make sure 14 they're safe at work. 15 So there isn't any way -- the medical 16 rules would require them to go through this process. 17 There isn't any way that you could follow the 18 medical rules without doing that. 19 Q. Okay. And, I mean, to the conversation 20 that has been related to us between Mr. Tischer and 21 his wife in the kitchen of their home that morning, 22 she was wanting to call 911 and he said, no, no, I'm 23 fine, you don't need to call 911 and so she didn't. 24 But your thought is as of that point, you 25 can't just shake that off, that's a reportable</p>	<p style="text-align: right;">Page 36</p> <p>1 that, you know, based on the medical rules, he -- 2 you should not report to work, you should inform us 3 and the supervisor that there's something that needs 4 to be evaluated. 5 So they're two different issues. I mean, 6 two different kind of situations. Whether they're 7 related or not, it's the same health event. 8 Q. Sure. 9 A. I mean, it's possible, but I think -- I 10 think the vomiting independently is not a reportable 11 health event. 12 Q. Okay. How about if, you know -- and we 13 don't have the benefit of his testimony on this 14 point, but if Mr. Tischer is not aware of the fact 15 that he has fallen to the floor and lost 16 consciousness or become unresponsive, how then does 17 it -- how, then, does the employee become aware that 18 there's a reportable medical event? 19 MR. HAYDEN: Calls for speculation. 20 But go ahead. 21 THE WITNESS: Okay. Well, with 22 this -- again, you know, does involve some 23 speculation. 24 But I think it's not really plausible that 25 somebody who is awake and conscious and suddenly</p>

John Holland, M.D.

13 (37 - 40)

10/21/2019

<p style="text-align: right;">Page 37</p> <p>1 falls to the floor doesn't know that happens. 2 I mean, I think it's -- you may wake up on 3 the floor and not know how you got there, you know, 4 but I think this is -- I can't think of a plausible 5 situation where that happens where you didn't know 6 you fell down, hit the floor, and you were 7 unconscious. 8 BY MR. BANKER: 9 Q. So the triggering point in your mind, 10 regardless of what level of awareness you have, 11 would be if you're standing in the kitchen one 12 moment and the next moment you're looking at the 13 ceiling, you know something happened? 14 A. Yes. In this case, what you described, 15 apparently he and the wife talked about it. So, I 16 mean, I assume what they talked about is she said 17 you were unconscious. I couldn't get you to be 18 responsive. You need to go in the emergency room or 19 let's call 911. And he said, no, let's not do it. 20 So I think it was maybe two things here. 21 First of all, if he was by himself, you know, a 22 person is going to know. Suddenly they're on the 23 floor, how did I get here. So they're going to know 24 that -- that they lost consciousness. 25 And second of all, he's got another person</p>	<p style="text-align: right;">Page 39</p> <p>1 to do that based on Mr. Franchuk's observations. 2 Does that change this scenario in any way 3 for you beyond what we've already established? A 4 reportable event just based on the fall in the 5 kitchen, but now coming into the Altoona yard, the 6 engineer thinks the conductor can't change radio 7 channels, and he's worked with him enough to know 8 what his usual capabilities are and so he thinks 9 this is out of the ordinary, this is unusual. 10 Does that change -- does his inabilities 11 to operate the radio change the scenario for you at 12 all? 13 MR. HAYDEN: Objection to form, lacks 14 foundation, calls for speculation. 15 Go ahead. 16 THE WITNESS: Well, I mean, nothing 17 you described in this scenario changes the fact that 18 he had the loss of consciousness episode in the 19 morning, was unresponsive, and that's an event which 20 would be a reportable health event. 21 BY MR. BANKER: 22 Q. Sure. 23 A. You know, I don't have any independent 24 knowledge of it. I didn't observe it. You know, I 25 think that you're -- you're stating that his</p>
<p style="text-align: right;">Page 38</p> <p>1 there telling him he lost consciousness in this 2 case. So I think he's -- he was aware of it. 3 Q. Okay. So we move forward in the time line 4 from there to about 2 o'clock, Altoona yard. 5 Mr. Tischer comes on duty, and he's got a job that 6 day of hauling railcars with an engineer from 7 Altoona to Norma, which is a nearby town, sand plant 8 there. 9 And it's been described by his engineer 10 that he -- Mr. Tischer told Mr. Franchuk, 11 Mr. Franchuk was the engineer, that he wasn't 12 feeling well that day, that he thought he had a cold 13 or a flu, but didn't really think anything of it. 14 And so Mr. Tischer goes out with 15 Mr. Franchuk on the locomotive up to Norma and they 16 do work up there. And what Mr. Franchuk describes 17 on the trip back from Norma to Altoona as they're 18 coming into the Altoona yard, that on the trip back 19 he had noticed Mr. Tischer's condition changing for 20 the worse but thought he was just tired, sick, not 21 feeling well. 22 But there was a point in his mind when 23 they were coming into Altoona and needed -- the 24 conductor needed to change radio stations from one 25 channel to another and that Mr. Tischer was not able</p>	<p style="text-align: right;">Page 40</p> <p>1 coworker was saying he was not feeling well and that 2 he was feeling worse as they came back. 3 And I think that -- again, the employee, 4 if they're not feeling well and they feel they need 5 to go home even in the middle of the shift, you 6 know, they have the right to do that and report it 7 to the dispatcher and their manager and do that. 8 And so I don't know that this changes -- 9 it doesn't -- nothing you described changes the 10 prior determination that there was a reportable 11 health event, and I guess I'll leave it at that. 12 Q. Okay. So is there a UP policy regarding 13 operating crews, a locomotive and conductor crew who 14 are operating a train that provides any guidance for 15 this scenario? 16 A. Well, the -- the one policy that I talked 17 about is a medical rule, that's a policy, or that 18 applies to all employees. 19 And as I said, there are two things that 20 were relevant to this scenario. One is the general 21 instruction to employees that you're to be 22 physically fit, you know, when you report to work. 23 And then the other is the direction to 24 them that if they have a reportable health event, 25 they're to stay off work until it's evaluated.</p>

John Holland, M.D.
10/21/2019

14 (41 - 44)

<p style="text-align: right;">Page 41</p> <p>1 There aren't other subtle details about, 2 you know, what to do, who to call if you're feeling 3 ill during a work shift. Whether there are other 4 policies at Union Pacific, more operational policies 5 that speak to that, I don't know, but the medical 6 rules are mainly those two issues that I talked 7 about. 8 Q. Okay. And let me add a detail that I 9 overlooked in kind of relating this story. So at 10 every point thus far, starting with talking to his 11 wife in the kitchen, Mr. Tischer has said, I don't 12 feel great, but I'm okay. I don't need you to call 13 911. 14 When he gets to work and talks with 15 Mr. Franchuk, they talk about he's not feeling well, 16 but he says I can do the job. 17 When he goes up to Norma, he does his work 18 as best people are able to observe. And coming back 19 along the way, the conversation such as it was 20 between him and Mr. Franchuk was to the extent of 21 yeah, I'm fine, I'm okay. 22 Does the fact of Mr. Franchuk observing 23 Mr. Tischer unable to change radio channels when 24 needed to, does that do anything to overrule an 25 employee like Mr. Tischer who is saying I'm fine,</p>	<p style="text-align: right;">Page 43</p> <p>1 Q. We'll take it in steps, and I will provide 2 you additional details as we go along. 3 But so what Mr. Franchuk described to the 4 best of my recollection was that Mr. Tischer needed 5 to change radio channels, and he was just staring at 6 the radio not doing it. 7 And when Mr. Franchuk asked him about it, 8 he didn't have any explanation for why it was that 9 he couldn't, and so that struck Mr. Franchuk as odd. 10 Is there a safety concern with a conductor 11 unable to change radio channels that would create a 12 need for someone like Mr. Franchuk to do something 13 about it? 14 MR. HAYDEN: Objection to form. It's 15 an incomplete hypothetical. Calls for speculation. 16 He's not an -- he's not a safety rules guy 17 as well. 18 THE WITNESS: Okay. So this is -- 19 you are describing to me a situation, you know. 20 Again, I -- I'm not there in the cab. I'm not sure 21 exactly why he's having problems with it, if there 22 are other things that he's having difficulty doing, 23 you know, or is complaining of or -- 24 And I think, you know, in terms of -- 25 actually, I don't know if that answered your</p>
<p style="text-align: right;">Page 42</p> <p>1 I'm okay? 2 MR. HAYDEN: Objection to form. 3 Go ahead. 4 THE WITNESS: Well, again, when you 5 say unable to change radio channels, I mean, I 6 wasn't -- I don't know exactly, you know, why he 7 was -- if that's the case why he was having 8 difficulty doing it. 9 There could be various reasons. I don't 10 know if there were other things he was complaining 11 about at that time. I mean, it's -- I don't know 12 what -- you know, I don't know what to make of it, 13 you know. 14 Again, the -- the employee, you know, at 15 any time has the ability to say I don't feel well, I 16 need to leave work or need to go seek medical 17 attention. 18 So I -- I don't know that I can make much 19 out of this one instance. I don't know what other 20 things -- if there were other things he couldn't do 21 or just he was having some difficulty with the radio 22 or -- 23 BY MR. BANKER: 24 Q. Sure. 25 A. I don't know why.</p>	<p style="text-align: right;">Page 44</p> <p>1 question or not. If not, you can ask me -- 2 BY MR. BANKER: 3 Q. Sure. 4 A. -- again. 5 Q. So let me take it to the next step and 6 maybe that'll help. So Mr. Franchuk -- so they get 7 back to Altoona and there's work to be done putting 8 the train away. And Mr. Franchuk asked Mr. Tischer 9 is he okay to do the work, and Mr. Tischer says, 10 yeah, I can do the work, I'm okay to do the work, 11 and he proceeds to do it. 12 And by this point, I would say we're at 13 about -- we're somewhere between 7:38 and 8 o'clock 14 at night. So the shift started at 2 p.m. Now we're 15 in the -- approaching the 8 o'clock hour. 16 Mr. Franchuk -- notwithstanding the fact 17 that Mr. Tischer says he can do the work, 18 Mr. Franchuk is concerned about Mr. Tischer at this 19 point and decides he's going to raise this with his 20 supervisor, Mr. Marvin. 21 Is there a policy or procedure in terms of 22 when an employee is saying that they're fine but 23 other people have questioned that, is there a 24 protocol or a procedure for that that UP has? 25 A. Well, it's got -- it's kind of a broad</p>

John Holland, M.D.
10/21/2019

15 (45 - 48)

<p style="text-align: right;">Page 45</p> <p>1 question. I mean, there are a lot of operating 2 rules that I'm not familiar with. 3 I mean, I think part of this is is dealing 4 with common sense. If you have someone who is an 5 employee or a coworker and you ask them, you know, 6 if they're all right to continue working or if 7 they're feeling like they are sick or they need 8 medical attention or need to go home. 9 And I think that this is just, you know -- 10 to some extent, there's some common sense here or 11 things that you don't always write down about what 12 you're going to do with a coworker or somebody that 13 you care about and seeing if they get medical 14 attention. 15 The -- I don't know of any -- you know, I 16 think a supervisor can always ask someone to go get 17 medical attention or to go home, and I think it's 18 reasonable for them to ask the person if they're 19 feeling ill, if they feel they can continue. 20 But I don't know of any operating rules 21 that provide more specificity than that. 22 Q. Okay. 23 THE WITNESS: Do you mind if I take a 24 brief break? 25 MR. BANKER: Sure.</p>	<p style="text-align: right;">Page 47</p> <p>1 (At 12:13 p.m., with parties present as 2 before, the following proceedings were had, to-wit:) 3 VIDEOGRAPHER: The time is 12:13 p.m. 4 Counsel, we're back on the record. 5 MR. HAYDEN: This is that list of 6 claims I had -- 7 MR. BANKER: Oh, sure. 8 MR. HAYDEN: -- to tack on the back 9 of it, so I took that off; otherwise, yeah, it looks 10 inclusive. 11 (Exhibit 28 12 marked for identification.) 13 BY MR. BANKER: 14 Q. Showing you what's been marked for 15 identification as Exhibit 28. 16 We were just starting to have a discussion 17 during the break, and I thought we would go back on 18 and have the discussion on the record. 19 But can you tell me what Exhibit 28 is? 20 A. Yes. Exhibit 28 are some shots of Power 21 Point slides and text. It's an E-learning course on 22 the Union Pacific medical rules. 23 Q. And we had started to talk about, you 24 know, is there an underlying book that is the Union 25 Pacific medical rules?</p>
<p style="text-align: right;">Page 46</p> <p>1 THE WITNESS: Okay. Thank you. 2 VIDEOGRAPHER: The time is 12:04 p.m. 3 Counsel, we're off the record. 4 (12:04 p.m. - Recess.) 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 22 23 24 25</p>	<p style="text-align: right;">Page 48</p> <p>1 A. So there isn't a book. There are -- in 2 addition to this E-learning, if you go on to the 3 Union Pacific website, employees can pull up 4 individual pages about the medical rules. 5 And there are, I don't know exactly, 6 probably about six to eight pages, which is just 7 text that explains different parts of them. 8 Q. Okay. So focusing on particularly -- 9 MR. COHEN: Paul, sorry to interrupt. 10 Can you just tell me what the beginning 11 Bates stamp number is on that exhibit? 12 MR. BANKER: I have it as UP 1436. 13 MR. COHEN: Thank you. 14 BY MR. BANKER: 15 Q. We've spent some time talking about the 16 reportable health events, and in particular 17 neurological seizures or unexplained loss of 18 consciousness. 19 Is that addressed at all in this 20 E-learning study guide that is Exhibit 28? 21 A. Well, do you mind asking me that again? 22 Q. Sure. 23 So I'm just -- I'm looking -- I'm 24 wondering if this E-learning study guide for the 25 medical rules has any specific information about the</p>

John Holland, M.D.
10/21/2019

16 (49 - 52)

<p style="text-align: right;">Page 49</p> <p>1 neurological seizures or unexplained loss of 2 consciousness as a subcategory of reportable medical 3 events? 4 A. Yes, it does. 5 Q. And is there a particular page that you're 6 looking at? There's a identification in the lower 7 right-hand corner that starts with a UP prefix? 8 A. Yes. So UP 001441, that is a page that 9 gives a screen shot of the medical rules. It tells 10 what they are, and then it lists -- if you're on the 11 website, it lists seven different pages that -- 12 specific pages you can go to. And one of the pages, 13 the last page is Appendix B reportable health 14 events. 15 And then further on -- okay. 16 Page UP001454 is a page where it says what do I have 17 to report and it says -- this page says seizure or 18 loss of consciousness, and then it lists in the 19 subbox, seizure of any kind, epilepsy, treatment 20 with antiseizure medicine to prevent seizures, and 21 then loss of consciousness. 22 Q. Okay. And then you were describing -- so 23 that's the study guide that an employee would 24 presumably follow through to -- is it to be 25 tested -- before a test on the medical rules or just</p>	<p style="text-align: right;">Page 51</p> <p>1 says you will complete -- "You will receive a course 2 completion only after you confirm that you 3 understand what was taught. If you still do not 4 understand, contact us for more help." 5 So yes, it's required for them to complete 6 this required training for them to -- to answer that 7 box. 8 Q. And you sort of anticipated my next 9 question. 10 Is the medical rules training required 11 training for all UP employees? 12 A. So I -- I don't know I can answer that 13 question specifically. My -- it's my general 14 understanding that it is required for employees that 15 need to -- that are required to report under 16 Appendix B. 17 Q. Okay. 18 A. And to clarify that, Appendix B mainly 19 applies to what I consider safety critical 20 employees. That's not a formal term used in 21 defining these things, but it does -- Appendix B 22 does apply to all transportation department 23 employees, both agreement and nonagreement, which 24 would include conductors. 25 So it is my understanding that this is</p>
<p style="text-align: right;">Page 50</p> <p>1 to review the medical rules or how does that work? 2 A. Well, it's informational. It tells them 3 this is how you find the medical rules on the 4 website. It does say some specific things about the 5 reportable health conditions that you have to 6 report. 7 It has a bit of a test. It has a 8 knowledge check where you can -- where it asks you 9 some questions you need to respond to. 10 And then as I mentioned before, it has 11 something where you have to say -- you have to 12 acknowledge yes or no. "I understand my obligation 13 to know the medical rules and comply," and that's a 14 box you have to click on at the end before it says 15 you've completed the training. 16 Q. Okay. When an employee takes that 17 training on the medical rules at the end of it, 18 there's a box for them to check, which I'm assuming 19 takes -- creates some sort of record that the person 20 took the training on such and such a date and time? 21 A. Yes. So this is Page UP001465, and what 22 it says -- it says, "I understand my obligation to 23 know the medical rules and comply," and you have to 24 hit yes or no. 25 And then there's a box hereunder which</p>	<p style="text-align: right;">Page 52</p> <p>1 required training for conductors. 2 Q. And that -- I guess my question was -- 3 could have been more precise, that was where I was 4 heading with it is it is required -- the medical 5 rules training is required training for all UP 6 conductors? 7 A. That's my understanding, yes. 8 Q. Okay. And so then assuming that 9 Mr. Tischer went through that training as a UP 10 conductor, if he had wanted to consult the medical 11 rules, for example, after he had this incident in 12 his kitchen on the morning of August 12th, if I'm 13 understanding your testimony, he would then go to 14 the UP website to find the medical rules and 15 whatever guidance they provide on that? 16 A. Well, that's correct. On the UP website, 17 if we -- we will tell people just in the search box 18 to type in medical rules, and they'll pop up and you 19 can refer to them. 20 Q. But, if, for example, Mr. Tischer had 21 wanted to refresh his recollection about what a -- 22 what this neurological seizure category of 23 reportable events was or how it's described in the 24 medical rules, that would be something that would 25 have been available to him on the UP website?</p>

John Holland, M.D.

17 (53 - 56)

10/21/2019

<p style="text-align: right;">Page 53</p> <p>1 A. Yes, it is -- it was and is available on 2 the UP website.</p> <p>3 Q. Okay. I want to come back to where we 4 were just before the break.</p> <p>5 So we were talking about the idea of when 6 an employee says that they're okay to do the job, 7 but other people began to have a different view of 8 it.</p> <p>9 When we were talking about Mr. Franchuk 10 growing concerns by the 8 o'clock hour that 11 something was not right with Mr. Tischer, and we 12 were talking about, well, are there any rules that 13 guide that analysis.</p> <p>14 And as I understood it, you were saying 15 there was some general principles that employees 16 need to be physically capable -- they have to 17 exercise their judgment to ensure that they're 18 physically capable of doing their job, but at some 19 level, common sense comes into play and, you know, 20 it may not be written out specifically in a rule 21 about when another coworker could overrule an 22 employee's judgment.</p> <p>23 Am I tracking that correctly?</p> <p>24 A. Well, you said several things.</p> <p>25 Q. Sure.</p>	<p style="text-align: right;">Page 55</p> <p>1 is clearly confused, if someone is clearly impaired 2 or if they have some sudden event, you know, sudden 3 loss of consciousness, then I think the response is 4 mainly going to be from the coworkers to call and 5 get some medical attention for them, like calling 6 911, calling a supervisor, you know.</p> <p>7 So I think that -- so I think -- I think 8 and this situation is, our medical rules are 9 reasonable, you know. They apply mainly to the 10 individual themselves taking responsibility.</p> <p>11 And I think beyond that, if there's a 12 situation regarding a coworker, I think we have to 13 use common sense.</p> <p>14 Q. Okay. So in the time line, we're at about 15 8 o'clock p.m. on August 12th, 2017. Mr. Tischer 16 has returned to the Altoona yard and gotten off the 17 locomotive and proceeded to do work that 18 Mr. Franchuk was not able to observe.</p> <p>19 Mr. Franchuk wants -- as his next step, he 20 wants to make contact with the manager, Mr. Mark 21 Marvin, to talk about Mr. Tischer's situation.</p> <p>22 But before we focus on that, I want to 23 come back to something you said about calling either 24 911.</p> <p>25 So what -- what ability does a locomotive</p>
<p style="text-align: right;">Page 54</p> <p>1 A. And I know you were -- maybe you could 2 break it down for me --</p> <p>3 Q. Sure.</p> <p>4 A. -- into parts.</p> <p>5 Q. So, you know, what I'm most wanting to 6 focus on is the situation where an employee says, 7 no, no, I'm fine, I'm fine to do the job, I'm 8 physically capable of doing the job, and people 9 around that employee saying, I don't agree.</p> <p>10 And I understand what you were saying 11 before the break is that there's not necessarily a 12 written rule that gives you any guidance about that 13 situation.</p> <p>14 Am I understanding that correctly?</p> <p>15 A. Well, you are in a sense. I mean, you're 16 asking sort of a broad hypothetical about a 17 situation that isn't even a specific situation.</p> <p>18 I think we have -- we have a general 19 understanding that we're all supposed to be safe at 20 work, and we have a general understanding that 21 people have their own responsibility to say when 22 they don't -- when they feel an illness is affecting 23 them. I think that -- and so I think other than 24 that, there's a lot of things in the middle.</p> <p>25 I think common sense would be if somebody</p>	<p style="text-align: right;">Page 56</p> <p>1 engineer have to initiate a medical response 2 themselves?</p> <p>3 A. Well, they're constantly -- locomotive 4 engineers are constantly in contact with by radio 5 with both the dispatcher and can at any time ask the 6 dispatcher to call emergency response, which is we 7 have an internal emergency response center.</p> <p>8 And then they would call -- for instance, 9 if there's a medical emergency, if a coworker passed 10 out at work or was -- if there was an injury, they 11 would immediately have the dispatcher call the 12 emergency response center. They would contact 13 whatever the local emergency responders would be.</p> <p>14 Q. So --</p> <p>15 A. And I think -- and also -- they can be in 16 contact with their -- through their radio with their 17 manager directly.</p> <p>18 Q. Okay. The emergency response center that 19 you mentioned, is that a physical location?</p> <p>20 A. Here in Omaha in the central office 21 building. It's essentially a 911 emergency response 22 center that responds to anything around the system.</p> <p>23 And the reason that's important is it's, 24 you know, traveling from one location to another and 25 they will know precisely where the train is, for</p>

John Holland, M.D.
10/21/2019

18 (57 - 60)

<p style="text-align: right;">Page 57</p> <p>1 instance, we'll know what the -- what the 2 appropriate emergency response organization is and, 3 you know, will be able to also coordinate any 4 response with managers. 5 So I think that's -- so that's why we have 6 our own emergency response center. 7 Q. And so when operations employees -- 8 operations employees wouldn't call the emergency 9 response center directly, it would be contacting a 10 dispatcher who then contacts the -- 11 A. I think -- I think they can. I mean, I'm 12 not sure -- I'm not sure how it would actually work 13 if you're an engineer sitting on the train, if you 14 would go through the dispatcher, if you'd call them 15 directly. I'm not sure. 16 But I know they could get -- I know they 17 contact and talk to RMCC or get in contact with them 18 over their radio. 19 Q. You mentioned RMCC. What is RMCC? 20 A. I knew you were going to ask me that. 21 It's emergency response center. I can't remember. 22 Q. Okay. 23 A. I can't remember the acronym. 24 Q. So that -- so it's available -- for an 25 example, a locomotive engineer could contact a</p>	<p style="text-align: right;">Page 59</p> <p>1 procedure that deals specifically with this. It 2 seems like a reasonable approach. It seems like 3 that's quite reasonable to talk to the manager and, 4 you know, get his impression and sort of jointly 5 decide what to do or have him decide what to do. 6 So it sounds -- sounds like a reasonable 7 approach. 8 Q. Is there any policy or procedure that 9 gives guidance to someone like a locomotive engineer 10 about when to initiate a 911 call themselves? 11 A. I don't know. 12 Q. Okay. So at this point, I want to 13 return -- we're just past 8 o'clock now, and 14 Mr. Tischer gets into a PTI vehicle -- let me start 15 with this. 16 Are you familiar with the Altoona yard and 17 its physical layout at all? 18 A. No. 19 Q. Okay. So it's been described that there 20 is a location on the east end of the Altoona yard 21 that has a shanty and a portable toilet where people 22 can gather, and it makes logical sense for them to 23 do so because of how the yard is oriented. And so 24 Mr. Tischer gets into a PTI vehicle to be 25 transported to the shanty area.</p>
<p style="text-align: right;">Page 58</p> <p>1 dispatcher to initiate an emergency response. 2 Is there a policy or procedure regarding 3 the use of cell phones on a locomotive in -- to 4 initiate an emergency response? 5 MR. HAYDEN: If you know. 6 THE WITNESS: I don't know that. I 7 know there are some policies which are from -- both 8 company policies and FRA policies about when cell 9 phones can be used on locomotives, but I'm not an 10 expert on that. 11 BY MR. BANKER: 12 Q. Okay. So coming back to kind of the time 13 line of events, Mr. Franchuk knows that Mr. Marvin 14 wants to send him and Mr. Tischer back to Norma on 15 another run that night. They have more cars to deal 16 with. 17 And Mr. Franchuk, despite Mr. Tischer's 18 protestations that he's fine, doesn't believe that 19 he is fine. He believes he's sick, and so he wants 20 to raise that issue with Mr. Marvin. 21 Is that the appropriate handling of that 22 issue in terms of policies and procedures for 23 dealing with an employee or a coworker whose 24 condition is changing? 25 A. I don't know if there is a policy and</p>	<p style="text-align: right;">Page 60</p> <p>1 Are you at all familiar with PTI and what 2 they do for UP? 3 A. I am familiar enough to know that they're 4 a van service, and we have van services to transport 5 train crews in particular, you know, from -- well, 6 from the terminal to wherever the train is they need 7 to get on and back and forth. 8 Q. Sure. 9 So at this point, Mr. Tischer is in the 10 PTI vehicle, and Mr. Lux, the driver of the PTI 11 vehicle, they've come to the shanty. And Mr. Lux 12 observes that Mr. Tischer is having some trouble 13 undoing his seat belt, but he doesn't think anything 14 of it. 15 Does that add anything to this developing 16 scenario from your perspective in terms of 17 observations of Mr. Tischer? So this is the first 18 one past can't change the channels on the radio to 19 having trouble with seat belt. 20 MR. HAYDEN: Objection to -- 21 MR. COHEN: Object to the form of the 22 question and foundation. 23 THE WITNESS: Well, again, now I'm 24 hearing it sort of second or thirdhand here, and I 25 didn't observe it.</p>

John Holland, M.D.
10/21/2019

19 (61 - 64)

<p style="text-align: right;">Page 61</p> <p>1 And I think -- I don't think that by 2 itself, you know, it would be something people would 3 think much of. I mean, sometimes people -- you 4 know, we all have difficulty getting the seat belts 5 on or off sometimes, so...</p> <p>6 BY MR. BANKER:</p> <p>7 Q. Under the best circumstances sometimes. 8 A. Yeah, yes. 9 Q. So Mr. Franchuk, the engineer, has told 10 Mr. Marvin he thinks Mr. Tischer is ill, he doesn't 11 think he can do the job, and he doesn't think he can 12 go back to Norma. In fact, he won't go back to 13 Norma with him, and he wants Mr. Marvin to go talk 14 to Mr. Tischer at the shanty. And Mr. Marvin does 15 that. Okay?</p> <p>16 Now, Mr. Marvin talks with Mr. Tischer at 17 the shanty and says Mr. Franchuk has expressed 18 concern, how are you doing, are you okay, to which 19 Mr. Marvin -- or Mr. Tischer says I'm fine, I'm 20 okay, I'm okay. I can do the job. 21 Is there any policy or procedure that 22 provides any guidance at that point where the 23 engineer has one view of his coworker's capabilities 24 and the coworker says no, no, I'm fine, how do you 25 resolve that dispute?</p>	<p style="text-align: right;">Page 63</p> <p>1 that Mr. Tischer is so sick that he doesn't want 2 him -- doesn't want Mr. Tischer to drive himself 3 home. 4 Is there any policy or procedure that 5 guides when an employee can or can't drive 6 themselves home from work? 7 A. Not that I know of. 8 Q. Okay. Having made the determination that 9 Mr. Tischer can't drive himself home from work based 10 on what I've described to you thus far, do you 11 believe anything else is called for in terms of a 12 medical response? 13 MR. HAYDEN: Objection in terms of 14 the lack of foundation for that. 15 But given what you've -- been represented 16 to you, you can answer. 17 THE WITNESS: Well, I think what -- 18 what's being proposed that -- you're going to have 19 to ask me the question again. 20 BY MR. BANKER: 21 Q. Sure. 22 So having determined that the -- 23 Mr. Tischer is ill enough that he -- that Mr. Marvin 24 doesn't want him driving home by himself, is there 25 anything more that is indicated at that point from a</p>
<p style="text-align: right;">Page 62</p> <p>1 MR. HAYDEN: Objection: Form and 2 lacks foundation. 3 Go ahead. 4 THE WITNESS: Well, again, I wasn't 5 there. I mean, I think -- I think that -- I think 6 these kind of issues come up all the time to 7 managers, you know, or to employees. 8 And I think, again, you have to use common 9 sense, you know, about what -- what decision you 10 make about -- about these issues. 11 So I mean, I -- as far as I know, there's 12 no specific policy that deals with this. 13 BY MR. BANKER: 14 Q. Okay. 15 A. -- specific question. 16 Q. So by about 8:35 at the shanty as 17 Mr. Marvin is talking with Mr. Tischer, he 18 determines -- Mr. Marvin determines that Mr. Tischer 19 is sicker than he says he is and that he's not going 20 to send Mr. Tischer back up to Norma. 21 In fact, he's going to send him home for 22 the night. And that means that the job isn't going 23 to get done because of the hours of service and crew 24 staffing. So Mr. Tischer is going home. 25 But Mr. Marvin determines at that point</p>	<p style="text-align: right;">Page 64</p> <p>1 medical policy or procedure standpoint? 2 A. Well, from what I understand, the way 3 you've described it to me, I think that was a 4 appropriate and reasonable thing to do. And I 5 don't -- he's describing that he doesn't feel well, 6 you know. 7 And, well, he had described he didn't feel 8 well to his coworker. And I think that the manager 9 made a decision that he should go home and he 10 shouldn't drive himself. I think it sounds 11 reasonable. I don't think there's any -- don't find 12 any fault in that. 13 Q. Okay. Now, as a medical doctor, I take it 14 you have some general training in strokes and 15 neurological conditions? 16 A. Yes. 17 Q. What would be an indication to you that 18 someone is possibly having a stroke? 19 A. Well, I mean, what you see with a stroke 20 is you see a sudden rapid change in some function, 21 you know, some mental or physical function. 22 So depending on the location of the 23 stroke, often there will be speech impairment, sort 24 of mumbling or maybe getting sounds out but, you 25 know, definitely doesn't sound normal. That's one,</p>

John Holland, M.D.
10/21/2019

20 (65 - 68)

Page 65	Page 67
<p>1 a certain part of the brain.</p> <p>2 It may be physical weakness or numbness or</p> <p>3 paralysis of a certain part of the body, usually on</p> <p>4 one side.</p> <p>5 It may be a alteration in consciousness,</p> <p>6 so there may be confusion. There may be -- may be</p> <p>7 collapse. There may be loss of consciousness.</p> <p>8 And those would be -- or maybe confusion</p> <p>9 is -- is sort of a broad term, but there may be some</p> <p>10 real impairment in specific mental functioning, you</p> <p>11 know, that may be a little more subtle.</p> <p>12 But I think that -- the big hallmark would</p> <p>13 be that it happened suddenly and the person was</p> <p>14 suddenly changed from what they were previously and</p> <p>15 have some kind of, again, mental and/or functional</p> <p>16 impairment.</p> <p>17 Q. So let me take us -- with that kind of</p> <p>18 understanding, let me take us back into the time</p> <p>19 line.</p> <p>20 And here we're at about -- we're somewhere</p> <p>21 between 8:15 and 8:35. We're at the shanty where</p> <p>22 various people are gathered talking about this. And</p> <p>23 Mr. Tischer goes into the portable toilet, and when</p> <p>24 he comes out, several people see him stumble and</p> <p>25 have trouble walking. The left side of his -- his</p>	<p>1 If -- so I don't know. Just what you</p> <p>2 described, it wouldn't -- that in itself for</p> <p>3 somebody that was feeling ill, they were stumbling a</p> <p>4 little bit, I wouldn't. I think it's -- it's pretty</p> <p>5 nonspecific.</p> <p>6 Q. Okay. So people observed this,</p> <p>7 Mr. Tischer stumbling coming out of the porta potty,</p> <p>8 and not being there, I don't have the benefit of</p> <p>9 firsthand knowledge about this.</p> <p>10 But the people there viewed it as a change</p> <p>11 in his condition. It was significant -- they felt</p> <p>12 that was a significant event in terms of their</p> <p>13 observations of him.</p> <p>14 Mr. Tischer goes into the shanty and</p> <p>15 someone offers him something to drink, and one of</p> <p>16 the coworkers who was with him comes out and says, I</p> <p>17 think he's having a stroke.</p> <p>18 Does that change your perspective on this</p> <p>19 at all?</p> <p>20 MR. HAYDEN: Objection. It lacks</p> <p>21 foundation, misstates testimony that's in evidence.</p> <p>22 It's also objectionable to form, incomplete</p> <p>23 hypothetical.</p> <p>24 THE WITNESS: Well, I mean, I don't</p> <p>25 know -- I don't know from just your statement there</p>
Page 66	Page 68
<p>1 left leg is -- doesn't appear to be working properly</p> <p>2 anymore.</p> <p>3 Does that observation, is that what you're</p> <p>4 talking about in terms of weakness?</p> <p>5 MR. HAYDEN: Objection. That</p> <p>6 misstates the testimony that's in evidence, so lacks</p> <p>7 foundation, it's an incomplete hypothetical,</p> <p>8 misstates testimony. It's also objectionable as to</p> <p>9 form.</p> <p>10 MR. COHEN: I'm going to join in that</p> <p>11 objection -- those objections.</p> <p>12 THE WITNESS: Okay. Well, now you</p> <p>13 mentioned the one difference is he goes into the</p> <p>14 toilet and he comes out and he's stumbling.</p> <p>15 BY MR. BANKER:</p> <p>16 Q. Yeah.</p> <p>17 A. I mean, that's kind of nonspecific. I</p> <p>18 mean, people stumble because they trip over</p> <p>19 something or, you know -- it's -- I think that can</p> <p>20 happen to all of us sometimes. So that's a pretty</p> <p>21 nonspecific thing.</p> <p>22 Really what we're looking for is not just</p> <p>23 one event but something that really is more marked,</p> <p>24 you know, like they just can't use the leg, you</p> <p>25 know.</p>	<p>1 if what caused the person to say that, if it was</p> <p>2 just seeing him stumble or if it was some other</p> <p>3 information.</p> <p>4 BY MR. BANKER:</p> <p>5 Q. Sure.</p> <p>6 A. And I think, you know -- so, again, it's</p> <p>7 kind of nonspecific. I don't know what to make of</p> <p>8 it other than that's what you say the person said.</p> <p>9 Q. Okay. So by about 8:35, Mr. Tischer is</p> <p>10 back in the PTI vehicle and the decision is made to</p> <p>11 take him back to the Altoona depot which -- based on</p> <p>12 the layout of the yard, I think you have to drive</p> <p>13 out of the yard and back into the yard again.</p> <p>14 But between 8:35 and roughly 8:50, the PTI</p> <p>15 vehicle is making its way back to the -- to the</p> <p>16 depot office.</p> <p>17 While en route, Mr. Tischer vomits and</p> <p>18 they have to stop the vehicle so he can get out and</p> <p>19 finish vomiting.</p> <p>20 Does the -- the vomiting add anything to</p> <p>21 this scenario in terms of his medical condition?</p> <p>22 MR. COHEN: Objection: Form and</p> <p>23 foundation.</p> <p>24 THE WITNESS: Well, I think it -- you</p> <p>25 know, it's some objective evidence he really is ill,</p>

John Holland, M.D.
10/21/2019

21 (69 - 72)

<p style="text-align: right;">Page 69</p> <p>1 you know, something is going on, and I think have 2 him go home is, you know -- or at least leave work 3 is reasonable and it's pretty nonspecific, you know. 4 You -- you know, the first thing you would 5 think is some kind of viral illness or 6 gastroenteritis or, you know, something somebody 7 ate, and so that's about as specific as I could be. 8 BY MR. BANKER: 9 Q. Okay. So then the PTI vehicle gets to the 10 depot by about sometime probably between 8:50 and 11 8:56, and the driver of the PTI vehicle goes into 12 the depot to see if there's anyone else there to 13 provide help for Mr. Tischer. 14 In the meantime, Mr. Tischer tries to get 15 out of the vehicle and he falls to the ground and is 16 unable to get up. He's found there by Mr. Marvin 17 who arrives shortly thereafter, sometime between 18 8:50 and 8:56, and finds Mr. Tischer on the ground 19 unable to move his left leg and left arm, unable to 20 get him -- he's deadweight, unable to get up off the 21 ground and get back into the vehicle. And 22 Mr. Marvin observes left-sided facial drooping. 23 Does what I've just described add anything 24 to this scenario in your mind? 25 A. Yes.</p>	<p style="text-align: right;">Page 71</p> <p>1 not fine? 2 MR. HAYDEN: Objection: Lacks 3 foundation. 4 THE WITNESS: Well, prior to this 5 event when he gets to the depot and is on the 6 ground, you don't -- what you described to me 7 doesn't appear to me to be altered mental state, at 8 least it's not clear. 9 Just somebody saying I'm fine, they don't 10 want -- I don't want to get medical attention or I 11 don't want to leave work isn't necessarily altered 12 mental state at all. It's just their -- just their 13 statement. 14 BY MR. BANKER: 15 Q. Okay. Is there any written policy or 16 procedure that provides guidance about when to 17 initiate a 911 call for Union Pacific? 18 A. Well, there isn't any such guidance in the 19 medical rules. I don't know what guidance there is 20 in other operating rules, so I'm not sure. 21 Q. Okay. Or to follow up on that point, as 22 to who is the proper person to initiate a 911 call, 23 is there any rule that specifies that? 24 A. I do not -- as far as I know, there is no 25 rule that speaks to that.</p>
<p style="text-align: right;">Page 70</p> <p>1 Q. Tell me what. 2 A. Well, you described now he can't -- 3 apparently can't move his left arm and leg. He's 4 got drooping on the left side. It does sound like 5 this is a sudden occurrence because he was walking 6 previously when he got in the van. 7 So this does sound like an acute event, 8 you know, and it has all the characteristics of a 9 stroke or would be consistent with that. 10 Q. Okay. So Mr. Marvin by about 8:56 calls 11 911, and the 911 dispatcher dispatches the 12 ambulance, and the ambulance comes and I -- let me 13 find it here. 14 And the ambulance departs at about 9:18, 15 so they were called at 8:56, they departed for the 16 hospital at 9:18. 17 If I'm understanding your testimony, do 18 you think that at the depot was the first time that 19 911 was -- a 911 call was indicated? 20 A. Well, based on the scenario you described 21 to me, yes. 22 Q. Okay. Would there have been any reason to 23 call 911 earlier based on kind of altered mental 24 state where someone says, no, no, I'm fine to do the 25 job, but the people around him have concluded you're</p>	<p style="text-align: right;">Page 72</p> <p>1 Q. Okay. Who is responsible for drafting the 2 medical rules generally? 3 A. Well, the last time they were revised -- I 4 mean, they existed before I started working with 5 Union Pacific. 6 And the last time they were revised, it 7 was a group put together under the leadership of our 8 department, health and medical services, and there 9 are representatives -- I was on the committee, we 10 had some of our nurses on the committee, safety 11 people -- people from the safety department, 12 operating, labor relations, so it -- and law, so 13 it's a large group. 14 And -- that all contributes to the 15 development, but it's under the leadership of health 16 and medical services. 17 Q. Okay. And then once health and medical 18 services has settled upon a set of medical rules, 19 who is responsible for implementing those medical 20 rules? 21 A. Well, once they're formally adopted, the 22 medical rules really give responsibility to -- they 23 talk about the roles and responsibility of the 24 employee, you know. So the roles and responsibility 25 of the manager and the roles and responsibility of</p>

John Holland, M.D.
10/21/2019

22 (73 - 76)

<p style="text-align: right;">Page 73</p> <p>1 our department, health and medical services. 2 So everybody has got some responsibility 3 for implementing certain parts, such as the 4 employees we talked about are responsible for making 5 sure they're fit for duty when they come to work. 6 They're responsible for reporting reportable health 7 conditions. 8 They have responsibilities if we do 9 initiate a fitness-for-duty determination -- 10 evaluation process, they have responsibilities to 11 participate. 12 So that's really what the rules -- what 13 the medical rules talk about. 14 Q. Okay. I want to -- we've spent some time 15 talking about the first topic in the deposition 16 notice, and now I want to shift gears to the second 17 topic, and that is, "UP's policies and procedures 18 regarding employee first-aid training, including 19 stroke recognition and response, applicable to UP's 20 Altoona, Wisconsin, yard in 2017." 21 Do you have that topic in mind? 22 A. Yes. 23 Q. What -- what is UP's policy regarding 24 employee first aid training in the 2017 time frame 25 applicable to the Altoona yard?</p>	<p style="text-align: right;">Page 75</p> <p>1 essentially? 2 A. Well, it's all of those things that you 3 discussed. I mean, we've got -- as we talked about 4 before with this exhibit, you know, we have a 5 brochure or a booklet on first aid training. 6 There's courses that people can sign up for that go 7 through the booklet. 8 Much of it is CPR, cardiopulmonary 9 resuscitation, and use of the automatic electronic 10 defibrillator, AED. And that -- that's a big 11 component of the first aid training. 12 The other components, there is a certain 13 amount about traumatic injuries, you know, cuts, you 14 know, crush injuries, first aid until, you know, 15 medical attention arrives that -- EMS or emergency 16 medical services or somebody else. 17 And then there's -- there's some general 18 things about other health conditions. 19 So -- so I don't know. I guess I'm just 20 describing really what's in the book. 21 Q. And so the book that you're referring to 22 is what we marked as Exhibit -- 23 MR. HAYDEN: 9. 24 BY MR. BANKER: 25 Q. -- 9?</p>
<p style="text-align: right;">Page 74</p> <p>1 A. So Union Pacific makes first aid training 2 available to all employees. It's on a voluntary 3 basis, and it's encouraged, but it isn't required of 4 employees. 5 Q. Why is it encouraged as opposed to 6 required? 7 A. Well, the -- my understanding is there is 8 no legal requirement, you know, in any government 9 regulations for us to provide first aid training to 10 our employees. We -- we think it's a good thing to 11 do. You know, we -- again, it's voluntary. 12 We actually don't have many incidents, you 13 know, of injuries or illnesses where they come into 14 play. 15 And I think in general operations are 16 pretty safe, but I think -- it is a good thing not 17 only for employees, but everyone in the public, I 18 think, would benefit by first aid training. 19 Q. And when we say first aid training, 20 what -- are we talking about, you know -- just as a 21 layperson, I think of first aid training as like 22 people bleeding, people who are too hot or too cold, 23 people who have lost consciousness, people who are 24 maybe having signs of heart attacks. 25 What is the UP first aid training</p>	<p style="text-align: right;">Page 76</p> <p>1 A. Yes. 2 MR. BANKER: Thank you. 3 BY MR. BANKER: 4 Q. So is that the title of it, the BasicPlus, 5 that is the first aid training? 6 A. Title is "BasicPlus CPR, AED, and First 7 Aid for Adults." 8 Q. Okay. And so how long has that been the 9 course material for the UP's first aid training? 10 A. You know, I don't know. This is -- this 11 one was the one -- my understanding was in effect in 12 2017. 13 But, you know, the -- periodically our 14 department and the safety department and others will 15 review the training material to see if we want to 16 continue with this or go with a different vendor. 17 Q. You mentioned that UP makes first aid 18 training available on a voluntary basis. How does 19 it make that training available to employees, say, 20 in the 2017 time frame, Altoona yard? 21 A. You know, I don't know the different 22 mechanisms. I know that some departments will have 23 annual safety meetings, you know, multi-day safety 24 meets and they'll make it a component of it. 25 And I'm not -- so I'm not sure different</p>

John Holland, M.D.
10/21/2019

23 (77 - 80)

<p style="text-align: right;">Page 77</p> <p>1 departments or different settings how it's 2 available. But I do know that anybody that wants to 3 can sign up for the courses, the training courses. 4 Q. How would an employee know that that 5 resource was available to them? 6 A. I'm not sure of the answer. I'm not sure 7 of the answer to that question. I mean, we do have 8 various types of mandatory training programs, and it 9 may be mentioned in some of those, but I'm not sure. 10 Q. I'm just trying to get an overall picture. 11 If -- you know, how frequently is this first aid 12 training offered for voluntary participation? 13 A. I -- as I said, there's some work groups 14 that give it -- because they have annual safety 15 meetings incorporated as part of their annual safety 16 meetings, multi-day safety meetings. 17 And with other work groups, I'm not sure 18 of the specific mechanisms about how they -- you 19 know, how they offer it. 20 Q. How about focused just on operations in 21 the Altoona -- the operations employees in the 22 Altoona yard? How often as in the 2017 time frame 23 was that first aid training being offered to them? 24 A. I don't know. 25 Q. Okay. Who would perform the training,</p>	<p style="text-align: right;">Page 79</p> <p>1 the second page. It gives the name and address of 2 the company. 3 Q. Oh, this Medic First Aid, that's the 4 vendor? 5 A. Yes. 6 Q. Okay. So they prepare the materials in 7 the first instance and UP puts its own -- 8 A. My understanding, I think this is correct, 9 is this is -- this is their brochure, and because we 10 contracted with them to provide the services, they 11 put our logo on the front page; but, otherwise, it's 12 their standard brochure. 13 Q. I see. 14 Does UP make any record of the employees 15 who receive the BasicPlus first aid training on the 16 voluntary basis? 17 A. I don't know. 18 Q. Okay. There's been witnesses who have 19 testified both ways on this subject, so I'll just 20 ask you, do you know whether any employees are 21 required to have first aid training? 22 A. It's my understanding that there 23 they're -- it's not required for any UP employees. 24 Q. Okay. I want to have you look at -- I 25 want to show you a couple of documents.</p>
<p style="text-align: right;">Page 78</p> <p>1 UP's first aid training when it was offered? 2 A. My understanding is that our preferred 3 method is sort of a train the trainer approach. So 4 there will be some -- for this company or if we had 5 another vendor, you know, they'll have some of their 6 staff that would come out and train different people 7 within our organization to be trainers who then 8 would put on the courses. 9 There may be sometimes too where we had 10 staff from this Medic First Aid came out and do the 11 actual training, so I think there's -- my 12 understanding is both those might apply. 13 Q. You know, you -- I want to just to follow 14 up, you mentioned that sometimes UP will use vendors 15 for its information or training. 16 Do you know for a fact whether the 17 BasicPlus is an in-house creation or whether that's 18 something that UP obtained through a vendor? 19 A. Well, I know it's an outside company. 20 Q. Okay. 21 A. And, you know, they provided it and then 22 we, you know, we put our logo in the brochure. But 23 this is something that the outside company 24 developed, and it says just -- not in this here, but 25 if you look at the -- well, I guess it does say on</p>	<p style="text-align: right;">Page 80</p> <p>1 (Exhibit 20 previously marked in 2 a prior deposition.) 3 BY MR. BANKER: 4 Q. Showing you what's been previously marked 5 as Exhibit 20. 6 MR. HAYDEN: Thank you. 7 MR. COHEN: Thank you. 8 BY MR. BANKER: 9 Q. I'll represent to that you that this is a 10 document that was produced and created by UP in this 11 litigation to provide various kinds of information. 12 And I want to have you look on Page 3 of the 13 document at numbered Paragraph 12. There's a 14 paragraph about the information that you may or may 15 not have. 16 It says there that Dr. Holland will have 17 knowledge of the policies and procedures for 18 railroad operations and training for employees of 19 Union Pacific. 20 We've talked about the training for 21 employees of Union Pacific. Do you have information 22 other than what we've talked about today regarding 23 policies and procedures for railroad operations? 24 A. That's kind of a broad question. I mean, 25 I did speak about the medical rules, which I'm very</p>

John Holland, M.D.
10/21/2019

24 (81 - 84)

<p style="text-align: right;">Page 81</p> <p>1 familiar with.</p> <p>2 Q. Sure.</p> <p>3 A. There's another policy that's relevant to</p> <p>4 medicine is our drug and alcohol rules, which I</p> <p>5 don't think are applicable here.</p> <p>6 Q. Okay.</p> <p>7 A. Those are the two policies that I am most</p> <p>8 familiar with and I deal with directly. I mean,</p> <p>9 other than that, there are many other policies and</p> <p>10 procedures for railroad information -- railroad</p> <p>11 operations that I don't deal with.</p> <p>12 Q. Sure.</p> <p>13 But as relates to policies and procedures</p> <p>14 for railroad operations pertaining to this</p> <p>15 particular case and Mr. Tischer's scenario, have we</p> <p>16 talked about your areas of where you have knowledge?</p> <p>17 A. Yes.</p> <p>18 Q. Do you know Jessica Carson?</p> <p>19 A. Yes.</p> <p>20 Q. Who is Jessica Carson?</p> <p>21 A. She is a nurse that's employed at Union</p> <p>22 Pacific, designated as occupational health nurse</p> <p>23 that's in the Twin Cities service unit.</p> <p>24 Q. And is the -- my understanding is that the</p> <p>25 Twin Cities service unit encompasses the Altoona</p>	<p style="text-align: right;">Page 83</p> <p>1 Q. Would there be any reason to notify health</p> <p>2 and medical services of the Tischer incident from a</p> <p>3 medical standpoint?</p> <p>4 A. Well, I don't know. I mean, it could've</p> <p>5 happened. The -- the occupational health nurse</p> <p>6 might have contacted or wrote a note, but I don't</p> <p>7 know.</p> <p>8 Q. Okay. Do you know who the occupational</p> <p>9 health nurse would have been who had oversight</p> <p>10 responsibility for the Altoona yard in 2017?</p> <p>11 A. Well, I assumed it was Ms. Carson because</p> <p>12 she's listed here.</p> <p>13 Q. You know what I did? I went the wrong</p> <p>14 direction with that.</p> <p>15 Let me go back to Exhibit 20, and I want</p> <p>16 to go to the paragraph above. I was asking you</p> <p>17 questions about Jessica Carson, and I appreciate</p> <p>18 that.</p> <p>19 What I meant to be asking you about was</p> <p>20 Debra Gengler. Do you know who Debra Gengler is?</p> <p>21 A. Yes.</p> <p>22 Q. Who is Debra Gengler?</p> <p>23 A. She's a nurse. She's the director of</p> <p>24 clinical services at Union Pacific, which is in our</p> <p>25 department, health and medical services. So she and</p>
<p style="text-align: right;">Page 82</p> <p>1 yard where Mr. Tischer was working on August 12th,</p> <p>2 2017. Is that your understanding?</p> <p>3 A. I believe so, yes.</p> <p>4 Q. Okay. Does Jessica Carson have any</p> <p>5 different or additional information to your</p> <p>6 knowledge about the Tischer incident?</p> <p>7 MR. HAYDEN: Calls for speculation.</p> <p>8 THE WITNESS: I don't know.</p> <p>9 BY MR. BANKER:</p> <p>10 Q. Okay. Have you ever spoken with</p> <p>11 Ms. Carson about the Tischer incident?</p> <p>12 A. Not that I know of.</p> <p>13 Q. Okay. Based on -- we talked at the</p> <p>14 beginning of your deposition about you not having</p> <p>15 any direct conversations with any of the fact</p> <p>16 witnesses in particular on the evening that this was</p> <p>17 playing out or thereafter.</p> <p>18 Do you know whether anyone called health</p> <p>19 and medical services about the Tischer incident on</p> <p>20 August 12th, 2017?</p> <p>21 A. No.</p> <p>22 Q. Do you know whether anyone called health</p> <p>23 and medical services after that date about the</p> <p>24 tissue incident?</p> <p>25 A. No, I don't know.</p>	<p style="text-align: right;">Page 84</p> <p>1 I are colleagues.</p> <p>2 Q. Okay. How do her responsibilities differ</p> <p>3 from yours on a day-to-day basis?</p> <p>4 A. Well, at the current time, she has the</p> <p>5 nurses in our department, both fitness-for-duty</p> <p>6 nurses and -- that are under her direction.</p> <p>7 She and I both participate in policy and</p> <p>8 procedure development in the department along with</p> <p>9 many others. You know, on a day-to-day basis, we</p> <p>10 work on fitness-for-duty cases together.</p> <p>11 Q. Okay.</p> <p>12 A. So I think we're really sort of a</p> <p>13 integrated team in terms of doing this, and she and</p> <p>14 I are at parallel levels within the department.</p> <p>15 Q. Is Debra Gengler a medical doctor?</p> <p>16 A. She is a nurse, and she has a master's in</p> <p>17 occupational health nursing.</p> <p>18 Q. Okay.</p> <p>19 THE WITNESS: Can we take a short</p> <p>20 break.</p> <p>21 MR. BANKER: Sure. Certainly.</p> <p>22 THE WITNESS: Okay. Thanks.</p> <p>23 VIDEOGRAPHER: The time is 1:10 p.m.</p> <p>24 Counsel, we're off the record.</p> <p>25 (1:10 p.m. - Recess.)</p>

John Holland, M.D.

25 (85 - 88)

10/21/2019

<p style="text-align: right;">Page 85</p> <p>1 (At 1:21 p.m., with parties present as 2 before, the following proceedings were had, to-wit:) 3 VIDEOGRAPHER: The time is 1:21 p.m. 4 Counsel, we're back on the record. 5 (Exhibit 22 previously marked in 6 a prior deposition.) 7 BY MR. BANKER: 8 Q. I'm going to show you what's been 9 previously marked as Exhibit 22. 10 Have you had occasion to look at the EMT 11 records that were created in Mr. Tischer's ambulance 12 response? 13 A. No. 14 Q. I want to direct you to -- I'll represent 15 to you that Exhibit 22 has been identified as being 16 those EMT records. And on the seventh page of the 17 exhibit, there's a section entitled "Patient Care 18 Report." 19 A. What page? 20 Q. On the -- it's actually on the bottom 21 right-hand corner. It's got a Page 405, but it's 22 the seventh physical page of the exhibit. 23 A. All right. 24 Q. At the top, it says "Patient Care Report." 25 Do you see that?</p>	<p style="text-align: right;">Page 87</p> <p>1 said, we don't know -- we don't really know who the 2 friend is or the patient's friends that are 3 reporting here. 4 And it does provide information you hadn't 5 mentioned before, you know, and maybe it -- this is 6 the first time I've seen that he stated he felt he 7 was having a bad headache. Some of this was 8 mentioned before, you know, that he vomited earlier. 9 This thing that he stated before calling 10 911, about an hour before he was having bad leg and 11 arm weakness, I mean, many of these things in terms 12 of the time line, you know, description weren't 13 necessarily something we derived from what you had 14 mentioned before. So there are some new things 15 here. 16 BY MR. BANKER: 17 Q. Okay. And are they salient to you as a -- 18 as a medical doctor, or what do you make of the new 19 information? 20 MR. HAYDEN: Objection: Form. 21 THE WITNESS: Well, I don't -- I 22 don't have any way of disputing the information or 23 confirming it. I mean, it basically is just 24 information that the -- the EMS responders wrote 25 down, you know, that they said someone had told</p>
<p style="text-align: right;">Page 86</p> <p>1 A. Yes. 2 Q. And so the EMTs in this case have 3 explained that the ACHART is an acronym that they 4 use for sort of writing up their report. 5 And in particular, I want to direct you to 6 the section -- the paragraph titled -- that starts 7 with an H, which they've explained stands for 8 "History." 9 Take a moment, if you would, and read 10 through that paragraph. 11 A. All right. 12 Q. Does reading that -- understanding that we 13 don't know who is saying these things, we just have 14 what's stated there in the -- in the paragraph in 15 the EMT record, does reading that provide you any 16 different picture of the scenario that I have walked 17 you through today in terms of the time line and the 18 events that have been testified about, does that 19 history paragraph change your view of the event at 20 all? 21 MR. HAYDEN: Objection: Form. 22 THE WITNESS: Well, some -- 23 MR. HAYDEN: Foundation. 24 Go ahead. 25 THE WITNESS: Well, again, as you</p>	<p style="text-align: right;">Page 88</p> <p>1 them. 2 BY MR. BANKER: 3 Q. Okay. Do you attribute any particular 4 significance to any of those symptoms? 5 MR. HAYDEN: Objection to form, 6 foundation, calls for speculation. 7 THE WITNESS: Sure. I mean, 8 they're -- all of them -- provide information, you 9 know. 10 The -- from what you did tell me, you 11 know, that when the manager found him on the ground 12 when he got back to the terminal, he -- either the 13 manager or he reported he was having difficulty 14 moving his left arm and leg, so they talk about left 15 arm and leg weakness, you know. 16 If this came on suddenly or if it was 17 developing -- you know, it appears that it came on 18 suddenly because he could no longer stand, you know, 19 but I don't know how long it had -- he felt 20 something there. 21 And then the other thing is this is the 22 first indication of a headache. A headache is -- 23 like vomiting, is really nonspecific. I mean, there 24 are a few type of strokes that are related to 25 headache. Subarachnoid hemorrhage, I don't know if</p>

John Holland, M.D.
10/21/2019

26 (89 - 92)

<p style="text-align: right;">Page 89</p> <p>1 that's what was happening here or not. 2 So I don't know -- you know, I don't know 3 what to make of it other than this is what EMS 4 reported someone told him at the scene. 5 BY MR. BANKER: 6 Q. Okay. Sitting here today, do you know 7 what kind of stroke Mr. Tischer had? 8 A. No. 9 Q. I guess I should've asked the first 10 question, do you know whether he had a stroke? 11 A. I -- I'm assuming he had a stroke from 12 what we talked about. I mean, that -- yes. 13 Q. Okay. 14 A. I mean, I have a general understanding 15 that he had a stroke, yeah. 16 Q. But beyond that, you don't have a specific 17 understanding of what his treatment or diagnoses 18 were? 19 A. No. 20 Q. Okay. 21 (Exhibit 16 previously marked in 22 a prior deposition.) 23 BY MR. BANKER: 24 Q. Handing you what's been previously marked 25 as Exhibit 16.</p>	<p style="text-align: right;">Page 91</p> <p>1 that minutes matter in treating stroke? 2 A. Yes. 3 Q. At the top of that page, second sentence, 4 she says, "You need treatment right away to lower 5 your chances of brain damage, disability, or even 6 death." 7 Do you see that? 8 A. Yes. 9 Q. Would you agree with that statement? 10 A. The -- yes, I think it's generally 11 accepted that if someone's having a stroke, you 12 know, that the sooner that they get into care, it -- 13 you get appropriate care in a hospital, the better 14 off they are. 15 (Exhibit 19 previously marked in 16 a prior deposition.) 17 BY MR. BANKER: 18 Q. I'm showing you what's been previously 19 marked as Exhibit 19. Have you ever seen this 20 document before? 21 A. No. 22 Q. I'll represent to you that this is a 23 document that was produced by UP in this case in 24 response to an inquiry about what, if any, prior 25 experience UP has had with employees having strokes</p>
<p style="text-align: right;">Page 90</p> <p>1 MR. HAYDEN: Thanks. 2 BY MR. BANKER: 3 Q. This is -- I'll represent to you that this 4 is a collection of emails from Jessica Carson, who 5 we mentioned as the occupational health nurse for 6 the Twin Cities service unit, and I have a 7 particular question I want to ask you regarding the 8 third page of the document, which is Bates stamped 9 UP001048. 10 Ms. Carson has testified that she went -- 11 after receiving information a day or two after this 12 incident, she went on the Internet and got some 13 information about strokes and cut and pasted it into 14 this email. 15 She relates a FAST, F-A-S-T, acronym, 16 which appears to correspond to the acronym that's 17 used in the BasicPlus student handbook. 18 I guess my question, below that where it 19 says FAST, below that she has a paragraph that 20 starts, "Minutes matter in treating stroke." 21 Do you see that? 22 A. I'll have to read this. 23 Yes, I see what you're referring to. 24 Q. Sure. 25 And would you agree with that statement,</p>	<p style="text-align: right;">Page 92</p> <p>1 on duty in a particular time frame and at least 2 between May of 2014 and August of 2017. This was 3 the answer. 4 Let me ask you, are you familiar with UP 5 having incidents of employees who are on duty having 6 strokes other than Mr. Tischer? 7 A. Well, it could've happened. I don't 8 recall any other specific incidents. 9 Q. Okay. I'm just trying to get a sense of 10 the level of incidents with which -- UP has more 11 than 30,000 some employees, correct? 12 A. Well, back in 2017, we probably had about 13 45,000 employees. 14 Q. Okay. And so I'm just trying to 15 understand within that population of employees, how 16 frequently do -- do employees experience strokes 17 while on duty? Do you have any sense of that? 18 A. Well, I would -- I would expect it to be 19 fairly similar to what the population frequency is 20 for the age groups we have, so it isn't -- isn't all 21 that common. I can't give you a percentage. 22 Q. Okay. Suffice to say it happens and has 23 happened in the past and would be expected to happen 24 in the future? 25 A. Yes.</p>

John Holland, M.D.
10/21/2019

27 (93 - 96)

<p style="text-align: right;">Page 93</p> <p>1 Q. Just eyeballing it, it looks like we've 2 got -- over the course between 2014 and 2017, it 3 looks like it's -- on a pace for about twice a year 4 with the number of events listed there. 5 A. Yes, yes, I agree. 6 Q. Do you have any reason to believe it's 7 either more or less frequent than that? 8 MR. HAYDEN: I'm just going to object 9 that this is a -- to be clear, this is a list of 10 every incident in which the word "stroke" was used, 11 and so there -- these are -- we don't know whether 12 these were confirmed strokes, suspected strokes, or 13 otherwise, so just with that caveat. 14 THE WITNESS: You'll have to ask me 15 the question again. 16 BY MR. BANKER: 17 Q. Sure. 18 I'm just eyeballing it and looking at it 19 and saying at least between 2014 and 2017, it looks 20 like these were occurring at a rate of about twice a 21 year, these incidents that are reported here. 22 Do you have any reason to believe it's 23 either more or less frequent than that in terms of 24 employees having strokes on duty? 25 MR. HAYDEN: Same objection as this</p>	<p style="text-align: right;">Page 95</p> <p>1 student handbook, but I have a specific question I 2 want to ask you. 3 To my eyes, looking through the table of 4 contents, it looks like stroke is specifically 5 mentioned as a category of sudden illness that's 6 dealt with on Page 81 of the student book. 7 And so I've excerpted out here starting on 8 Page 80, and then going to Page 81 so that you can 9 follow the table of contents into the material 10 there, there's a mention of stroke that begins on 11 Page 81, Bates stamped UP139, and goes on to the 12 next page, Page 82, Bates stamp UP1393. 13 Are you tracking where I'm at? 14 A. Yes, I see that. 15 Q. Is there any other written information 16 that UP provides to its employees about strokes 17 other than what's contained in this student 18 BasicPlus student book? 19 A. I don't recall that we have other 20 information besides this. 21 Q. And if I understand your testimony on this 22 point, the BasicPlus first aid training is something 23 that is made available but not required of 24 employees, correct? 25 A. That's correct.</p>
<p style="text-align: right;">Page 94</p> <p>1 does not in and of itself indicate where these 2 employees suffered a stroke. 3 THE WITNESS: So these are brief 4 notes. I'm not sure what database they're taken 5 from, but it must be some internal Union Pacific 6 database. 7 And in some of these, they talk about 8 people being taken to the hospital or the emergency 9 room for evaluation of stroke symptoms. Some of 10 them say they had a stroke. There's not a lot of 11 details. 12 But if there were -- if over this 13 essentially four-year period, there were eight 14 incidents, if they were strokes, that would be two 15 per year. 16 And we -- out of our 45,000 employees in 17 2017, for instance, about 40,000 were in these 18 safety critical jobs, so we would hear about this. 19 So that would be a pretty low percentage, 20 you know. It would be maybe one every 21 20,000 employees would be a pretty low rate of 22 events for any health event. 23 BY MR. BANKER: 24 Q. Okay. So I want to ask you a question. 25 We already looked at Exhibit 9, the BasicPlus</p>	<p style="text-align: right;">Page 96</p> <p>1 Q. And so -- but if they took the training, 2 is it your belief that they would be -- then they 3 would cover the stroke training that's listed in the 4 student BasicPlus student handbook? 5 A. You know, I don't know. It is included in 6 the book. I'm not sure if -- you know, in the 7 on-site training if they go through it or they just 8 refer people to read the books. I'm not sure. 9 Q. Okay. On Page 82 of the BasicPlus student 10 book, the second paragraph on that page, it says, 11 "Early bystander recognition, along with rapid 12 transport to a hospital, is critical for limiting 13 damage, or even survival." 14 Would you agree with that statement? 15 A. Well, yeah. This implies certain types of 16 strokes. I mean -- and that there's certain types 17 of strokes where it's really important to get in 18 because treatment may be able to limit effects. 19 But in general, I think getting to the 20 hospital, you know, if someone is having a stroke 21 is -- you know, is the proper approach. 22 Q. Are there any kinds -- is there a variety 23 of strokes for which medical treatment is not 24 urgent? 25 A. Well, no, that's not what I was implying.</p>

John Holland, M.D.
10/21/2019

28 (97 - 100)

<p style="text-align: right;">Page 97</p> <p>1 I think medical -- I think medical attention when 2 you have a stroke is important. Not all of them are 3 given treatment. 4 I mean, sometimes it's -- you know, you 5 should be evaluated. You know, whether there's an 6 effective treatment for you or not, given the kind 7 of stroke, will depend on what's happening. 8 Q. I see. 9 I was kind of keying off you used -- I 10 thought I heard you say that for certain types of 11 strokes. 12 A. So -- okay. Well, getting -- there's 13 certain strokes where even if you get to the 14 hospital right away, it's going to -- you're not 15 going to be able to necessarily limit the damage. 16 Q. Okay. 17 A. Because the damage has already been done 18 or it's something that there's no effective 19 treatment. 20 Q. I see. 21 A. So if you -- if you have a hemorrhagic 22 stroke and you're -- you know, a burst aneurysm or 23 something, you still should be in the hospital, you 24 know. 25 But you -- and you should be generally</p>	<p style="text-align: right;">Page 99</p> <p>1 attention to the second page of the document, which 2 has a Bates Stamp 1475 on it, on the January 7th, 3 2016, there's an entry for January 7th, 2016, where 4 the code is MEDRT, M-E-D-R-T, all caps, and then it 5 has got a further description as "Medical Rules 6 Training." 7 Do you see that? 8 A. Yes. 9 Q. Do you know what that is representing? 10 A. Well, I assume -- I am going -- the 11 medical rules is what we talked about before. We 12 looked at a exhibit which was a description of the 13 Power Point slides for medical rules training. 14 Q. Yep. 15 A. I would -- I'm going to assume that's what 16 this is. 17 Q. So that -- what you're saying is that the 18 Exhibit 28 we looked at, the E-learning for medical 19 rules, corresponds to the training entry for 20 Mr. Franchuk on Exhibit 29 for January 7th, 2016? 21 A. Well, let me modify that. It talks about 22 medical rules training. I mean, there maybe -- 23 maybe there is other ways besides using the Power 24 Point of doing it. 25 Q. Okay.</p>
<p style="text-align: right;">Page 98</p> <p>1 maintained, you know, supportive care. And it -- 2 you know, it may not -- there may not be anything 3 you can do to limit the effect of the stroke. It's 4 already happened. 5 Q. Okay. 6 A. So I guess what I'm -- I was -- but 7 activating EMS is always the right thing to do. 8 Q. Okay. Showing you what's been previously 9 marked as Exhibit 24. Well, let's see. And I 10 apologize for -- why don't we do this. 11 It's been previously marked as Exhibit 24, 12 but I don't have a copy of that because that was 13 just last week. So why don't we mark this as a new 14 exhibit if we could. 15 (Exhibit 29 16 marked for identification.) 17 BY MR. BANKER: 18 Q. So showing you what's been marked for 19 identification as Exhibit 29. Have you ever seen 20 this form of document before? 21 A. Yes. 22 Q. What do you recognize it as being? 23 A. Well, this is a report of training for 24 Mr. Franchuk. 25 Q. Okay. And if I could direct your</p>	<p style="text-align: right;">Page 100</p> <p>1 A. But it is something that is marked as a 2 training that was completed. So if it was that form 3 or some other format, I don't know. 4 Q. Okay. Looking at Mr. Franchuk's complete 5 training history, are you able to tell whether he -- 6 whether or not he received the BasicPlus first aid 7 training? 8 And there may be -- there might be an 9 easier way to do this, so let me put that question 10 on hold and let me show you another document. 11 Why don't we mark this as Exhibit 30. 12 (Exhibit 30 13 marked for identification.) 14 BY MR. BANKER: 15 Q. And, again, I apologize. This was 16 previously marked as Exhibit 25, but I don't have an 17 actual stamped copy of it yet, so we'll call this 18 Exhibit 30. 19 Showing you what I understand to be the 20 training history for Mr. Marvin. And then directing 21 your attention to the second to last page of 22 Exhibit 30, which is Bates stamped UP1487. 23 And then on that page, there is a 24 January 7th, 2014, entry for a code PXD6, which has 25 a description, "Basic First Aid/CPR-V6."</p>

John Holland, M.D.
10/21/2019

29 (101 - 104)

Page 101	Page 103
<p>1 Do you see that entry there?</p> <p>2 A. Yes.</p> <p>3 Q. Do you know what that entry for</p> <p>4 January 7th, 2014, is on Mr. Marvin's training</p> <p>5 history that is Exhibit 30?</p> <p>6 A. Well, I mean, all -- I can read it. It</p> <p>7 says "Basic Medic First Aid and CPR." So it appears</p> <p>8 to be an indication that he completed that training.</p> <p>9 Q. And do you believe that would be the</p> <p>10 voluntary BasicPlus first aid training we've talked</p> <p>11 about here today?</p> <p>12 A. Well, I do, because it was 4.5 hours'</p> <p>13 duration, so it would've -- it would have been</p> <p>14 probably the CPR training, plus the other basic</p> <p>15 first aid.</p> <p>16 Q. Okay. So then looking at Mr. Marvin's</p> <p>17 training history big picture, do you see that he</p> <p>18 received any first aid training other than the</p> <p>19 January 7th, 2014, training?</p> <p>20 A. No.</p> <p>21 Q. Okay. And then I want to turn back to</p> <p>22 Exhibit 29, which was Mr. Franchuk's complete</p> <p>23 training history, and ask you, do you see any</p> <p>24 indication on his training history that he received</p> <p>25 the voluntary first aid training that UP offered?</p>	<p>1 A. No.</p> <p>2 Q. As to physically where these events played</p> <p>3 out and where various things were positioned</p> <p>4 relative to one another, you don't have any</p> <p>5 information?</p> <p>6 A. Well, the information I have is what you</p> <p>7 presented to me.</p> <p>8 Q. Sure.</p> <p>9 A. But I don't have any other independent</p> <p>10 information about it.</p> <p>11 Q. Okay.</p> <p>12 A. Excuse me. Other than exhibits we've</p> <p>13 looked at, like the EMS exhibit.</p> <p>14 Q. Sure.</p> <p>15 But you don't have any personal knowledge</p> <p>16 of that?</p> <p>17 A. No.</p> <p>18 Q. Okay. So UP has added PTI as a</p> <p>19 third-party defendant to this lawsuit. And in the</p> <p>20 course of that, UP and its attorneys have made</p> <p>21 certain allegations against PTI regarding PTI's</p> <p>22 involvement in this matter. Now I just want to ask</p> <p>23 you a couple questions about that.</p> <p>24 UP has alleged that PTI failed to provide</p> <p>25 Jacob Tischer with aid and assistance as reasonable</p>
Page 102	Page 104
<p>1 A. Your question again.</p> <p>2 Q. Sure.</p> <p>3 My question was looking at Mr. Franchuk's</p> <p>4 complete training history, which is marked as</p> <p>5 Exhibit 29, do you see any indication that he</p> <p>6 received UP's first aid training?</p> <p>7 A. No.</p> <p>8 Q. Okay. Setting that aside, you as the</p> <p>9 chief medical officer for UP, I take it, are not --</p> <p>10 do not have any information to take issue with the</p> <p>11 time line of events established by other witnesses</p> <p>12 as to Mr. Tischer's incident?</p> <p>13 MR. HAYDEN: Objection to foundation.</p> <p>14 I'm not sure he knows what that means, but go ahead.</p> <p>15 THE WITNESS: Yeah, I'm not quite</p> <p>16 sure what you're asking me.</p> <p>17 BY MR. BANKER:</p> <p>18 Q. Sure.</p> <p>19 As to GPS records about where vehicles</p> <p>20 were at certain points, you don't have any</p> <p>21 information about that?</p> <p>22 A. No, I don't.</p> <p>23 Q. As to where people were that night and</p> <p>24 when they were having conversations, you don't have</p> <p>25 any information about that?</p>	<p>1 persons would render under similar circumstances.</p> <p>2 Do you have any information about that?</p> <p>3 MR. HAYDEN: Objection. That's not</p> <p>4 what Union Pacific's alleging. They're alleging in</p> <p>5 the alternative, should there be -- well, strike</p> <p>6 that.</p> <p>7 It's an allegation in the alternative, and</p> <p>8 he doesn't have information about that.</p> <p>9 MR. BANKER: Okay. Well, it's</p> <p>10 actually not an allegation in the alternative, if</p> <p>11 you read the third-party complaint.</p> <p>12 MR. HAYDEN: The entire complaint is</p> <p>13 in the alternative.</p> <p>14 MR. BANKER: Well, it's actually not</p> <p>15 alleged in the alternative.</p> <p>16 MR. HAYDEN: It is a -- it is a</p> <p>17 complaint for contribution, which is the alternative</p> <p>18 by its definition.</p> <p>19 MR. BANKER: If you read it</p> <p>20 carefully, you'll see that it's not alleged in the</p> <p>21 alternative.</p> <p>22 BY MR. BANKER:</p> <p>23 Q. I guess my question to you is do you have</p> <p>24 any information that PTI failed to provide Jacob</p> <p>25 Tischer with aid and assistance as reasonable</p>

John Holland, M.D.
10/21/2019

30 (105 - 108)

<p style="text-align: right;">Page 105</p> <p>1 persons would render under similar circumstances?</p> <p>2 A. I have no information about that.</p> <p>3 Q. Okay. Do you believe that UP provided</p> <p>4 Jacob Tischer with aid and assistance as reasonable</p> <p>5 persons would render under similar circumstances?</p> <p>6 MR. HAYDEN: Objection. He's not</p> <p>7 going to answer the question. I should have stopped</p> <p>8 him before he answered the first one.</p> <p>9 These are legal contentions. It's</p> <p>10 improper to ask -- that was going to be my response</p> <p>11 to Mike's request for a PMK on legal contentions.</p> <p>12 It's improper to ask a witness sitting in his shoes</p> <p>13 a response to legal contentions.</p> <p>14 MR. BANKER: Well, he's a corporate</p> <p>15 designee.</p> <p>16 MR. HAYDEN: Not on those subjects.</p> <p>17 Not on those subjects.</p> <p>18 MR. BANKER: Well, he actually is.</p> <p>19 MR. HAYDEN: No, he's not. You just</p> <p>20 read what the subjects were.</p> <p>21 MR. BANKER: The first subject is</p> <p>22 "UP" Railroad's -- "railroad operations policies and</p> <p>23 procedures applicable to Jacob Tischer's work as a</p> <p>24 conductor on August 12th, 2017, and pertaining to</p> <p>25 his illness, altered consciousness, or</p>	<p style="text-align: right;">Page 107</p> <p>1 similar circumstances?</p> <p>2 A. No.</p> <p>3 Q. How about that PTI failed to recognize</p> <p>4 medical conditions and provide or obtain medical</p> <p>5 treatment despite observations requiring the same?</p> <p>6 MR. HAYDEN: The question is do you</p> <p>7 have any information about that.</p> <p>8 THE WITNESS: No.</p> <p>9 BY MR. BANKER:</p> <p>10 Q. Okay. How about do you have any</p> <p>11 information that PTI failed to properly train</p> <p>12 employees regarding recognizing and handling medical</p> <p>13 emergencies on its transport vans?</p> <p>14 A. I have no information about that.</p> <p>15 Q. Okay. How about whether PTI failed to</p> <p>16 follow or establish reasonably safe protocols</p> <p>17 regarding medical emergencies?</p> <p>18 A. Again, I have no information about that.</p> <p>19 Q. How about that PTI failed and neglected to</p> <p>20 provide and implement emergency action plans and</p> <p>21 otherwise causing delay in the response of emergency</p> <p>22 responders?</p> <p>23 A. So I have no information about that.</p> <p>24 Q. Okay. I want to just understand the</p> <p>25 reason for -- the thinking underlying the medical</p>
<p style="text-align: right;">Page 106</p> <p>1 incapacitation."</p> <p>2 MR. HAYDEN: Right. Now you're</p> <p>3 asking -- first of all, it's not -- your question is</p> <p>4 not in that rubric, number one.</p> <p>5 Number two, you're asking him an opinion.</p> <p>6 Haven't designated him, I might, but I haven't</p> <p>7 designated him as an expert.</p> <p>8 MR. BANKER: Okay.</p> <p>9 MR. HAYDEN: And it's a contention.</p> <p>10 MR. BANKER: So understanding your</p> <p>11 objection, I guess my question stands.</p> <p>12 BY MR. BANKER:</p> <p>13 Q. Do you have any information sitting here</p> <p>14 today that PTI failed to provide assistance -- aid</p> <p>15 and assistance to Jacob Tischer as a reasonable</p> <p>16 persons would render under similar circumstances?</p> <p>17 MR. HAYDEN: Lacks foundation and to</p> <p>18 the extent you have any information is the question.</p> <p>19 THE WITNESS: Can you just ask me the</p> <p>20 question once more?</p> <p>21 BY MR. BANKER:</p> <p>22 Q. Sure.</p> <p>23 So do you have any information that PTI</p> <p>24 failed to provide Jacob Tischer with aid and</p> <p>25 assistance as reasonable persons would render under</p>	<p style="text-align: right;">Page 108</p> <p>1 rules relating to reportable medical events for</p> <p>2 employees in safety sensitive positions. Okay? So</p> <p>3 that's the frame work for it.</p> <p>4 What is the concern for employees in</p> <p>5 safety sensitive conditions that have medical</p> <p>6 conditions?</p> <p>7 MR. HAYDEN: Objection: Form.</p> <p>8 THE WITNESS: Okay. I -- is that</p> <p>9 a -- a question? I'm not quite sure what --</p> <p>10 BY MR. BANKER:</p> <p>11 Q. Sure.</p> <p>12 What is the -- what is the medical rule</p> <p>13 for reportable medical events? What is it trying to</p> <p>14 get at?</p> <p>15 A. So what it's trying to get at is -- much</p> <p>16 of it is trying to get at sudden -- medical</p> <p>17 conditions that pose risk for sudden incapacitation,</p> <p>18 which inherently cause significant safety risks for</p> <p>19 certain safety critical employees.</p> <p>20 And the whole concept of sudden</p> <p>21 incapacitation posing a significant safety risk is</p> <p>22 all throughout transportation medicine, whether</p> <p>23 you're looking at aviation or commercial driving.</p> <p>24 And the National Transportation Safety</p> <p>25 Board specifically has given some recommendations to</p>

John Holland, M.D.
10/21/2019

31 (109 - 112)

<p style="text-align: right;">Page 109</p> <p>1 the FRA, and therefore, indirectly to the railroads 2 that there are a number of medical conditions that 3 cause sudden incapacitation that have been 4 responsible for significant and fatal rail 5 accidents. 6 And so they recommend to the FRA that they 7 develop rules that require railroad employees to 8 report to their employers if they have certain 9 health conditions that pose significant risks for 10 sudden incapacitation. 11 An example would be seizure disorders. So 12 that they can -- the employee can be appropriately 13 evaluated, and if need be, they can have work 14 restrictions to protect themselves and others 15 because of this safety risk. 16 So that is the guiding principle behind 17 the reportable health conditions. 18 Q. Is part of the -- part of what's being 19 addressed is just the nature of the work in the 20 sense that it's not always at locations where there 21 are other people, that there's a remoteness to it? 22 MR. HAYDEN: Objection: Foundation. 23 THE WITNESS: So the reportable 24 health conditions, this Appendix B, applies to 25 everyone essentially in field operation.</p>	<p style="text-align: right;">Page 111</p> <p>1 THE WITNESS: So there isn't anything 2 in the reportable health conditions that deals with 3 sleep and fatigue and scheduling, you know, and that 4 isn't really part of the medical rules. 5 There are other policies and programs at 6 Union Pacific that deal with fatigue management and 7 which -- and there are regulations that deal with 8 minimum rest procedures for conductors, you know, 9 between shifts. 10 And so there are other sort of policies 11 and programs and even regulations that deal with 12 sleep cycles and rest, but it's not in the medical 13 rules. 14 And it's not something that the medical 15 department specifically -- what should I say, it's 16 not our program. It's more on operations that deals 17 with -- 18 BY MR. BANKER: 19 Q. Okay. 20 A. -- fatigue management. 21 Q. And I'm more approaching it from a 22 perspective of circadian rhythms being disturbed. I 23 mean, does that present any particular medical 24 concern? 25 MR. HAYDEN: It presents a relevancy</p>
<p style="text-align: right;">Page 110</p> <p>1 So it's partly the nature -- the nature of 2 the work includes both what you're doing and your 3 work setting. So if you're working in a rail yard, 4 for instance, that's inherently hazardous. If 5 you're operating any type of mobile machinery, 6 vehicle on-track equipment, or you're working on 7 moving trains, there's some inherent hazards, or if 8 you're controlling those activities, such as a train 9 dispatcher. 10 And so the -- the guiding principle partly 11 has to do with the medical event, something that's 12 going to cause sudden incapacitation and partly has 13 to do with the work task or work environment where 14 if you have sudden incapacitation, it poses a 15 significant safety risk to you and others. 16 So that's -- again, that's the essential 17 purpose of the Appendix B, the reportable health 18 conditions. 19 BY MR. BANKER: 20 Q. Okay. Is there anything to the work rest 21 cycle of conductors that -- in terms of their 22 sleeping and resting that adds particular medical 23 issues to concern? 24 MR. HAYDEN: Objection: Form and 25 foundation.</p>	<p style="text-align: right;">Page 112</p> <p>1 to this case. So what's the -- my objection 2 formally is form and foundation. And I'm wondering 3 aloud what the relevance of that is. 4 MR. BANKER: I'm just trying to 5 understand how this ties in. 6 MR. HAYDEN: Well, I'm understanding 7 how that -- I'm trying to understand how that ties 8 into the PMK notice that you made of the man. 9 MR. BANKER: Well, so policies and 10 procedures applicable to Jacob Tischer's work as a 11 conductor on August 12th, 2017, pertaining to his 12 illness, altered consciousness, or incapacitation. 13 I'm just wondering -- 14 MR. HAYDEN: Well, ask him that. Did 15 any lack of sleep, for which there's no foundation, 16 alter his consciousness? 17 And by the way, No. 2 is the subject on 18 which I said he is not fully testifying to today, 19 but go ahead. Please narrow it to a relevant 20 question. 21 BY MR. BANKER: 22 Q. Do you remember the question? 23 A. So -- no. 24 Q. Okay. 25 A. You'll have to ask again.</p>

John Holland, M.D.
10/21/2019

32 (113 - 116)

<p style="text-align: right;">Page 113</p> <p>1 Q. Sure.</p> <p>2 I'm just -- you know, so I was -- in</p> <p>3 asking that question about resting and work, I was</p> <p>4 thinking about it from a circadian rhythms</p> <p>5 standpoint. Is that at all salient or pertinent in</p> <p>6 your mind?</p> <p>7 MR. HAYDEN: In this case?</p> <p>8 BY MR. BANKER:</p> <p>9 Q. In terms of the work or the medical rules</p> <p>10 and the work setting and the work task?</p> <p>11 A. So as I said, the medical rules don't deal</p> <p>12 with fatigue management. There's other policies</p> <p>13 that deal with that.</p> <p>14 I don't see -- you know, in this</p> <p>15 particular case, Union Pacific, I'm not sure what</p> <p>16 the relevance is to the, you know -- to circadian</p> <p>17 rhythms or sleep management. So I don't really have</p> <p>18 an opinion.</p> <p>19 Q. So looking at this Jacob Tischler event and</p> <p>20 how it developed over time, is there any written</p> <p>21 procedure that would give any guidance about how to</p> <p>22 deal with an employee that the people around him are</p> <p>23 questioning his ability to do his job?</p> <p>24 MR. HAYDEN: Objection: Lack --</p> <p>25 grossly lacks foundation, assumes facts not in</p>	<p style="text-align: right;">Page 115</p> <p>1 objectionable to foundation and form.</p> <p>2 THE WITNESS: Okay. You know, based</p> <p>3 on the information you presented to me about this</p> <p>4 case, which, again, I don't have anything -- that's</p> <p>5 all I know is what you presented to me.</p> <p>6 The scenarios that you presented to me</p> <p>7 prior to him being found on the ground after he got</p> <p>8 out of the van, I don't see anything before that</p> <p>9 which would -- which would be an indication for</p> <p>10 calling emergency medical services unless he asked</p> <p>11 for it, which he didn't.</p> <p>12 I mean -- and so I don't see anything in</p> <p>13 the hypotheticals or the situation that you</p> <p>14 described to me before he was on the ground that</p> <p>15 would be an indication to call emergency medical</p> <p>16 services.</p> <p>17 MR. BANKER: Okay. I don't have any</p> <p>18 further questions.</p> <p>19 CROSS-EXAMINATION</p> <p>20 BY MR. COHEN:</p> <p>21 Q. Good afternoon, Doctor. My name is</p> <p>22 Michael Cohen, and I represent Professional</p> <p>23 Transportation, Incorporated.</p> <p>24 I hope you don't mind if I refer to</p> <p>25 Professional Transportation incorporated as PTI. Is</p>
<p style="text-align: right;">Page 114</p> <p>1 evidence; it's, therefore, objectionable to form.</p> <p>2 THE WITNESS: So it's kind of a broad</p> <p>3 question, you know. I -- you know, I mentioned</p> <p>4 before, I don't know that there is -- I don't know</p> <p>5 that there's any specific regulations or policies</p> <p>6 that deal with that situation.</p> <p>7 I mean, I think a lot of this is dealt</p> <p>8 with as what's reasonable, what's common sense in</p> <p>9 the situation, and -- but I don't know of any</p> <p>10 specific policy.</p> <p>11 BY MR. BANKER:</p> <p>12 Q. Well -- and so I was approaching it very</p> <p>13 broadly on that end. Let me approach it from the</p> <p>14 other end very narrowly.</p> <p>15 Is there anything before Mr. Tischler is</p> <p>16 laying on the ground outside the PTI vehicle at the</p> <p>17 depot between 8:50 and 8:56 at night that indicates</p> <p>18 something should be done for him by way of seeking</p> <p>19 emergency -- an emergency medical response?</p> <p>20 MR. HAYDEN: Objection. He testified</p> <p>21 I think very early on in this deposition that he did</p> <p>22 not read any of the materials, depositions, medical</p> <p>23 records, et cetera.</p> <p>24 So all he's -- your question is based on</p> <p>25 your repeatedly incomplete hypotheticals. So it's</p>	<p style="text-align: right;">Page 116</p> <p>1 that okay?</p> <p>2 A. Yes.</p> <p>3 Q. All right. So I believe you said before</p> <p>4 that you were familiar with PTI; is that correct?</p> <p>5 A. I know -- I'm not familiar with the</p> <p>6 company. I know -- I'm familiar with what our vans</p> <p>7 do, our crew vans, which is one of the services they</p> <p>8 provide.</p> <p>9 Q. Okay. And that sort of answers my next</p> <p>10 question. I'm going to ask it anyway.</p> <p>11 What is the relationship, if you know,</p> <p>12 between PTI and Union Pacific?</p> <p>13 A. Well, my understanding is PTI is a</p> <p>14 contracted vendor to Union Pacific, and one of the</p> <p>15 services they provide is to drive employees,</p> <p>16 particularly train crews, from a site of a train to</p> <p>17 other locations, such as a terminal.</p> <p>18 Q. Okay. Now, you talked a little bit</p> <p>19 with -- quite a bit with Mr. Banker regarding Union</p> <p>20 Pacific's medical or first aid training it provides</p> <p>21 from time to time to its employees. Do you recall</p> <p>22 that?</p> <p>23 A. Yes.</p> <p>24 Q. And is that medical training program known</p> <p>25 as BasicPlus, or how would you like to refer to</p>

John Holland, M.D.
10/21/2019

33 (117 - 120)

Page 117	Page 119
<p>1 that?</p> <p>2 A. Medic First Aid training.</p> <p>3 Q. Medic First Aid training?</p> <p>4 A. Yes.</p> <p>5 Q. Just generally, how did UP develop its</p> <p>6 Medic First Aid training?</p> <p>7 A. Well, there are -- there are a few</p> <p>8 organizations that offer this type of training to</p> <p>9 corporations such as ours, and this -- this company,</p> <p>10 Medic First Aid, is one of those.</p> <p>11 You know, others are National Safety</p> <p>12 Council and American Red Cross also have training.</p> <p>13 Q. Okay. And when you say Medic First Aid,</p> <p>14 is that Medic First Aid International, Incorporated?</p> <p>15 A. I believe so, yes.</p> <p>16 Q. Do you know when Medic First Aid</p> <p>17 International, Incorporated, developed Union</p> <p>18 Pacific's training program?</p> <p>19 A. Well, no, I don't.</p> <p>20 Q. Okay. Do you know the process by which</p> <p>21 that first aid program was developed with UP?</p> <p>22 MR. HAYDEN: Objection: Foundation.</p> <p>23 He's testified already UP didn't develop this.</p> <p>24 THE WITNESS: My understanding is</p> <p>25 this was a -- this was training that had already</p>	<p>1 Do you have any reason to believe that UP</p> <p>2 would not have had the ability to edit the materials</p> <p>3 that were provided to its employees?</p> <p>4 A. Well, I -- I don't know. I mean, I don't</p> <p>5 know that Union Pacific did -- asked to edit them or</p> <p>6 edited them. I don't know.</p> <p>7 Q. You're saying as you sit here today you</p> <p>8 don't know one way or the other whether Union</p> <p>9 Pacific had the ability to make revisions or edit</p> <p>10 the written policies -- the written training</p> <p>11 materials that were provided to its employees?</p> <p>12 A. Yes. We're talking about the Medic First</p> <p>13 Aid materials, that's correct. I do not know either</p> <p>14 way.</p> <p>15 Q. Okay. Do you know how Medic First Aid</p> <p>16 International, Incorporated, selected which medical</p> <p>17 issues or conditions to include in the training</p> <p>18 materials it provided to Union Pacific?</p> <p>19 A. No.</p> <p>20 Q. Do you know whether the number or the type</p> <p>21 of conditions that were included in the BasicPlus</p> <p>22 training materials or the Medic First Aid training</p> <p>23 materials were material to Union Pacific in deciding</p> <p>24 which training materials to select?</p> <p>25 A. I don't know. I wasn't -- I don't -- I</p>
Page 118	Page 120
<p>1 been developed by Medic First Aid, you know, and</p> <p>2 then we reviewed it and then hired them as a vendor</p> <p>3 to provide the training material and train our</p> <p>4 trainers. That would be -- it's my understanding of</p> <p>5 how this process works.</p> <p>6 BY MR. COHEN:</p> <p>7 Q. Okay. So did UP review materials sent by</p> <p>8 several vendors and just choosed (ph) one or is</p> <p>9 there some other process that occurred?</p> <p>10 A. I don't know what happened when we chose</p> <p>11 Medic First Aid. That would be -- that would be a</p> <p>12 typical process would be review proposals from</p> <p>13 different vendors.</p> <p>14 Q. Okay. And did UP have any input into what</p> <p>15 would be provided in the materials that Union</p> <p>16 Pacific ultimately chose?</p> <p>17 A. I don't know.</p> <p>18 Q. Is it sort of possible that UP had input</p> <p>19 into the materials?</p> <p>20 MR. HAYDEN: Calls for speculation.</p> <p>21 THE WITNESS: Well, it's possible,</p> <p>22 but I don't know.</p> <p>23 BY MR. COHEN:</p> <p>24 Q. And your counsel makes a good point. Let</p> <p>25 me rephrase that.</p>	<p>1 don't recall that I was part of the process in</p> <p>2 selecting them.</p> <p>3 Q. Okay.</p> <p>4 A. So I don't know what the decision making</p> <p>5 was.</p> <p>6 Q. Do you know the position of the person or</p> <p>7 persons who decided which training materials to</p> <p>8 select?</p> <p>9 A. No.</p> <p>10 Q. Okay. I think you mentioned before that</p> <p>11 Union Pacific is not required to train its employees</p> <p>12 or first aid or medic -- first aid training?</p> <p>13 A. What I mentioned was that I know of no</p> <p>14 government regulations that require Union Pacific to</p> <p>15 provide first aid training to its employees.</p> <p>16 Q. Okay. Do you know of any governmental</p> <p>17 regulations that requires anybody with whom UP</p> <p>18 contracts to provide medical training to its</p> <p>19 employees?</p> <p>20 A. I -- I don't know of any.</p> <p>21 Q. Okay. Does Union Pacific require its</p> <p>22 contractors to train its employees in medical -- in</p> <p>23 first aid?</p> <p>24 A. I don't know.</p> <p>25 Q. Now, counsel for plaintiff stole my</p>

John Holland, M.D.
10/21/2019

34 (121 - 124)

Page 121	Page 123
<p>1 thunder a bit, but do you have any criticism 2 whatsoever of PTI in relation to Mr. Tischer? 3 A. Well, all I know is what was provided to 4 me, you know, in these discussions today. And I 5 don't have any criticism based on what I heard. 6 Q. Okay. Did you review the basic -- the 7 Medic First Aid training materials in preparation 8 for today? 9 A. Yes. 10 Q. Okay. Are you familiar with the section 11 of those materials entitled "Other Legal 12 Considerations"? 13 A. You know, I would have to look at it. I'm 14 not sure I can recall. 15 Q. Okay. 16 A. Can you tell me what page that's on? 17 Q. Sure. It'll be on Page 8. 18 A. All right. 19 Q. And do you see the subsection entitled 20 "Duty to Act"? 21 A. Yes. 22 Q. Okay. Why does UP provide training to its 23 employees regarding a duty to act? 24 MR. HAYDEN: Objection: Foundation. 25 THE WITNESS: Okay. This is a legal</p>	<p>1 officer may know who would be -- who would be the -- 2 able to discuss that. 3 Q. And what is the name of the chief safety 4 officer? 5 A. Aaron Britt, I think. I may have that 6 wrong. 7 Q. All right. I want you to turn to Page 10 8 of the Medic First Aid training brochure or packet, 9 and I want to draw your attention to the box 10 entitled "Emergency Action Plans." 11 And my question is whether this changes 12 your testimony as to whether Union Pacific has an 13 emergency action plan? 14 A. So I've read the sections of the emergency 15 action plan. It doesn't change my answer. I don't 16 know. 17 Q. All right. Suffice it to say if Union 18 Pacific does have an emergency action plan, you're 19 not aware of its contents; is that correct? 20 A. Yes. 21 Q. All right. Okay. If you could turn your 22 attention to either Exhibit 9 or the brochure you 23 have in front of you regarding the -- regarding the 24 first aid training UP provides to its employees on a 25 voluntary basis specifically regarding strokes,</p>
Page 122	Page 124
<p>1 concept, you know. And as I said before, the only 2 thing I can speak to is that it's my understanding 3 there is no legal regulation that requires UP to 4 provide the first aid training. 5 And if -- if you're asking me who does or 6 doesn't have a duty to act, I think that's a legal 7 question that I'm not prepared to answer. 8 BY MR. COHEN: 9 Q. Okay. And that would be the same -- same 10 would be true as to PTI, correct? 11 A. Both of those issues, as I said before, I 12 do not know of regulations that would require PTI to 13 provide first aid training, and I'm not going to 14 give an opinion about duty to act because it's a 15 legal opinion. 16 Q. Very good. 17 Next I want to talk about emergency action 18 plans. Does UP have an emergency action plan? 19 A. The -- I don't know. 20 Q. Okay. Who would know? 21 A. If it was -- emergency action plan was -- 22 well, you know, I really don't know who -- who I 23 would go to to ask. 24 I think it -- if it deals with safety, 25 which it sort of implies, then the chief safety</p>	<p>1 which in Exhibit 9 is contained on Page UP1392. 2 A. All right. 3 Q. Now, we discussed earlier that this 4 exhibit contains signs that tend to show up 5 suddenly. 6 Do you see where it says that? 7 A. Yes. 8 Q. All right. Is vomiting on this list? 9 A. No. 10 Q. And you mentioned -- you were using the 11 phrase or the term "specific to a stroke." What did 12 you mean by that earlier versus nonspecific? 13 A. I don't know -- I can't remember the 14 context. 15 Q. Fair enough. 16 Okay. Does the fact that somebody is 17 vomiting necessarily mean that they're having a 18 stroke? 19 A. No. 20 Q. Okay. Is it possible that somebody would 21 be vomiting without having a stroke? 22 A. Yes. 23 Q. Does vomiting by itself in your mind 24 require that emergency services be called? 25 A. No.</p>

John Holland, M.D.
10/21/2019

35 (125 - 128)

Page 125	Page 127
<p>1 Q. Is the fact that a person is having 2 difficulty operating a seat belt necessarily 3 indicative of a stroke? 4 MR. HAYDEN: I think asked and 5 answered. 6 But go ahead. 7 THE WITNESS: No. 8 BY MR. COHEN: 9 Q. Okay. Does the fact that operating a seat 10 belt or has difficulty operating a seat belt 11 necessarily require in your mind that emergency 12 services be called? 13 A. No. 14 MR. COHEN: I don't have any further 15 questions. 16 MR. HAYDEN: I just have I think 17 three. 18 CROSS-EXAMINATION 19 BY MR. HAYDEN: 20 Q. Showing you -- or you have in your pack 21 there, Exhibit No. 16, it's the emails. And if you 22 look, excuse me, at the page that's Bates labeled 23 UP001048. 24 So below the -- in large font, the FAST 25 protocol, right below there there's a paragraph that</p>	<p>1 it. 2 Q. Or a person's medical condition -- 3 personal health -- 4 A. There may be other reasons too, yes. It's 5 not always indicated. 6 Q. You looked at the EMS records which were 7 identified just officially for the record as Exhibit 8 No. 22. 9 Did you see anything in those EMT records, 10 Doctor, that the FAST symptoms identified on 11 Page UP001048 were observed more than three hours 12 prior to the EMT's arrival? 13 A. So the only one of the FAST symptoms that 14 really -- well, that are spoken to here are the left 15 leg and left arm weakness. 16 And this page of the EMT notes said the 17 patient stated about an hour before calling 911, he 18 was having really bad left leg and arm weakness. 19 So based on this page, there's -- none of 20 the FAST symptoms, so to speak, would have been 21 present more than three hours before this. 22 Q. Regarding the question of when to call 911 23 for a fellow employee, what is it -- as a chief 24 medical officer, what is your expectation of when an 25 employee should call 911 on behalf of another</p>
Page 126	Page 128
<p>1 I think you were referred to earlier that starts, 2 "Minutes matter in treating stroke." 3 Do you see that? 4 A. Yes. 5 Q. Okay. Going down a couple of sentences, 6 do you see where it says, "Depending on the type of 7 stroke, you may be given aspirin or powerful 8 clot-busting drugs." 9 Do you see that? 10 A. Yes. 11 Q. Then the next sentence says, "The best 12 results happen when you get this medication within 13 three hours of the symptom starting." 14 Do you agree with that statement? 15 A. My understanding that that -- that's the 16 sort of standard protocol in stroke management, that 17 if you're going to use this, it needs to be done 18 at -- within about three -- I don't know if it's 19 three or four hours, but within that time period 20 after the first indication of a stroke. 21 Q. And allowing that there's, medically 22 speaking, other reasons why the so-called 23 clot-busting drug may not be administered? 24 A. Yes. There are certain types of strokes, 25 such as a hemorrhagic stroke where you wouldn't use</p>	<p>1 employee? 2 A. Well, I think there will be two 3 indications. One is if the employee asks you to. 4 The employee asks you to call 911 for them, then, of 5 course, you should do that. 6 The other would be something dramatic. 7 Essentially if the person collapsed, if the person 8 was unconscious, if the person had some sudden 9 impairment. 10 So things that are -- we classify as 11 sudden incapacitation, sudden physical or mental 12 impairment which was major, and looked like it 13 represents a significant health event. 14 MR. HAYDEN: Thank you, Doctor. 15 Anything else? 16 MR. BANKER: I don't have any further 17 questions. 18 MR. COHEN: Nothing here. 19 MR. HAYDEN: Thank you. We're done. 20 VIDEOGRAPHER: The time is 2:32 p.m. 21 This is the end of the deposition. 22 Counsel, we're off the record. 23 COURT REPORTER: (Requests transcript 24 orders.) 25 MR. BANKER: Electronic full-sized</p>

John Holland, M.D.
10/21/2019

36 (129 - 129)

	Page 129	
1	and condensed with electronic exhibits.	
2	MR. COHEN: Nothing right now.	
3	MR. HAYDEN: Condensed PDF.	
4	(2:33 p.m. - Adjournment.)	
5	** ** *	
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		
21		
22		
23		
24		
25		

John Holland, M.D.
10/21/2019

37 (130)

1	C E R T I F I C A T E
2	STATE OF NEBRASKA)
3) ss.
4	COUNTY OF DOUGLAS)
5	I, Brianne L. Starkey, RPR, CRR, General
6	Notary Public within and for the State of Nebraska,
7	do hereby certify that the foregoing testimony of
8	JOHN P. HOLLAND, M.D., was taken by me in shorthand
9	and thereafter reduced to typewriting by use of
10	Computer-Aided Transcription, and the foregoing one
11	hundred twenty-nine (129) pages contain a full, true
12	and correct transcription of all the testimony of
13	said witness, to the best of my ability;
14	That I am not a kin or in any way
15	associated with any of the parties to said cause of
16	action, or their counsel, and that I am not
17	interested in the event thereof.
18	IN WITNESS WHEREOF, I hereunto affix my
19	signature and seal this 7th day of November, 2019.
20	
21	<hr/> BRIANNE L. STARKEY, RPR, CRR
22	GENERAL NOTARY PUBLIC
23	My Commission Expires:
24	
25	

<u>WORD INDEX</u>			
< 0 >	001441	49:8	
< 1 >	1	3:2 4:10 9:10, 15	
	1:10	84:23, 25	
	1:21	85:1, 3	
	10	4:15 123:7	
	100	4:5	
	1000	2:3	
	101	2:3, 8	
	11:05	1:22 5:10	
	11:24	18:19	
	11:26	18:22	
	115	3:8	
	12	16:14 19:19 80:13	
	12:04	46:2, 4	
	12:13	47:1, 3	
	125	3:9	
	129	130:10	
	12th	20:8 21:19 27:7 52:12 55:15 82:1, 20 105:24 112:11	
	130	3:4	
	1321	1:25 2:21	
	14	4:16	
	1436	48:12	
	1475	99:2	
	15	28:8	
	16	4:10 89:21, 25 125:21	
	19	4:10 91:15, 19	
	1920	2:8	
	1977	12:2	
< 2 >	2	3:2 8:14 9:9 21:24 38:4 44:14 112:17	
	2:32	128:20	
	2:33	129:4	
	20	4:10 80:1, 5 83:15	
	20,000	94:21	
	2003	14:15, 18, 20	
	2010	14:16, 18, 20 15:18	
	2014	21:9, 10 92:2 93:2, 19 100:24 101:4, 19	
	2016	99:3, 3, 20	
	2017	4:16 8:25 16:14 18:15 19:19 20:8 21:19 27:7 55:15 73:20, 24 76:12, 20 77:22 82:2, 20 83:10 92:2, 12 93:2, 19 94:17 105:24 112:11	
	2019	1:23 5:9 130:18	
	21	1:22 4:15 10:11, 15, 20, 23	
	213-4433	2:9	
	21st	5:9	
	22	4:16 85:5, 9, 15 127:8	
	233	2:13	
	24	98:9, 11	
	25	100:16	
	26	4:10	
	27	4:3 7:24 8:3 19:15	
	28	4:4 47:11, 15, 19, 20 48:20 99:18	
	29	4:5 98:15, 19 99:20 101:22 102:5	
< 3 >	3	3:3 80:12	
	3:19-cv-00166-jdp	1:3	
	30	4:5 7:20 100:11, 12, 18, 22 101:5	
	30,000	92:11	
	312	2:9, 14, 14	
	339-4511	2:4	
	339-5150	2:4	
< 4 >	4	3:3	
	4.5	101:12	
	40	7:20	
	40,000	94:17	
	402	2:22, 22	
	405	85:21	
	45,000	92:13 94:16	
	47	4:4	
< 5 >	50	7:16	
	55391	2:4	
	556-2037	2:22	
	556-5000	2:22	
	566-0041	2:14	
	566-0700	2:14	
< 6 >	6	3:4, 6	
	60606	2:9	
	612	2:4, 4	
	68102	2:21	
< 7 >	7	4:3	
	7:38	44:13	
	70th	2:13	
	777-2062	2:9	
	7th	99:2, 3, 20 100:24 101:4, 19 130:18	
< 8 >			
	8	44:13, 15 53:10 55:15 59:13 121:17	
	8:15	65:21	
	8:30	27:11	
	8:35	62:16 65:21 68:9, 14	
	8:50	68:14 69:10, 18 114:17	
	8:56	69:11, 18 70:10, 15 114:17	
	80	4:10 95:8	
	81	95:6, 8, 11	
	82	95:12 96:9	
	85	4:16	
	877	2:9	
	89	4:10	
< 9 >	9	4:10, 10 9:18, 25 11:3 75:23, 25 94:25 123:22 124:1	
	9:18	70:14, 16	
	91	4:10	
	911	27:17 29:4 34:22, 23 35:5 37:19 41:13 55:6, 24 56:21 59:10 70:11, 11, 19, 19, 23 71:17, 22 87:10 127:17, 22, 25 128:4	
	98	4:5	
< A >	a.m	1:22 5:10 18:19, 22	
	A.P	2:7	
	Aaron	123:5	
	ability	35:17 42:15 55:25 113:23 119:2, 9 130:12	

<p>able 9:15 38:25 41:18 55:18 57:3 96:18 97:15 100:5 123:2</p> <p>about 8:17 9:14 11:7 16:18 17:16, 20, 23 18:1, 3, 6, 7, 10 19:2, 12 20:5, 20 22:2, 2 24:25 25:4, 21 27:7, 18, 24 28:19 29:17 30:7 32:6 33:11, 20 36:12 37:15, 16 38:4 40:17 41:1, 7, 15 42:11 43:7, 13 44:13, 18 45:11, 13 47:23 48:4, 6, 15, 25 50:4 52:21 53:5, 9, 12, 21 54:12, 16 55:14, 21, 23 58:8 59:10 62:9, 10, 10, 16 65:20, 22 66:4 67:9 68:9 69:7, 10 70:10, 14 71:16 72:23 73:4, 13, 15 74:20 75:3, 13, 18 77:18, 20 80:14, 20, 22, 25 81:16 82:6, 11, 14, 19, 23 83:17, 19 86:18 87:10 88:14 89:12 90:13 91:24 92:12 93:3, 20 94:7, 17, 18 95:16 99:11, 21 101:11 102:19, 21, 25 103:10, 23 104:2, 8 105:2 107:3, 7, 10, 14, 15, 18, 19, 23 113:3, 4, 21 115:3 119:12 122:14, 17 126:18</p>	<p>127:17</p> <p>above 8:14 83:16</p> <p>accepted 91:11</p> <p>accepting 27:12</p> <p>accidents 109:5</p> <p>accommodate 7:11</p> <p>accommodated 32:12</p> <p>accommodation 32:11</p> <p>accommodations 31:3</p> <p>according 34:1</p> <p>ACHART 86:3</p> <p>acknowledge 50:12</p> <p>acronym 57:23 86:3 90:15, 16</p> <p>Act 121:20, 23 122:6, 14</p> <p>action 107:20 122:17, 18, 21 123:10, 13, 15, 18 130:15</p> <p>activating 98:7</p> <p>activities 13:16, 16 110:8</p> <p>actual 78:11 100:17</p> <p>acute 70:7</p> <p>add 35:3, 3, 8 41:8 60:15 68:20 69:23</p> <p>added 103:18</p> <p>addition 48:2</p> <p>additional 27:24 30:22 31:22 43:2 82:5</p> <p>address 22:12 79:1</p> <p>addressed 48:19 109:19</p> <p>addresses 22:1, 4</p> <p>adds 110:22</p> <p>Adjournment 129:4</p>	<p>administered 126:23</p> <p>adopted 72:21</p> <p>Adults 4:10 76:7</p> <p>AED 4:10 75:10 76:6</p> <p>affect 30:10</p> <p>affecting 54:22</p> <p>affirmation 33:15, 17</p> <p>affix 130:17</p> <p>after 12:3, 14 51:2 52:11 82:23 90:11, 11 115:7 126:20</p> <p>afternoon 21:24 115:21</p> <p>Again 18:5, 9 26:1, 6 34:9 35:4 36:22 40:3 42:4, 14 43:20 44:4 48:21 60:23 62:4, 8 63:19 65:15 68:6, 13 74:11 86:25 93:15 100:15 102:1 107:18 110:16 112:25 115:4</p> <p>against 103:21</p> <p>age 92:20</p> <p>agree 54:9 90:25 91:9 93:5 96:14 126:14</p> <p>agreement 51:23</p> <p>ahead 36:20 39:15 42:3 62:3 86:24 102:14 112:19 125:6</p> <p>Aid 4:10 8:24 9:22 19:8, 9 73:24 74:1, 9, 18, 19, 21, 25 75:5, 11, 14 76:5, 7, 9, 17 77:11, 23 78:1, 10 79:3, 15, 21 95:22</p>	<p>100:6, 25 101:7, 10, 15, 18, 25 102:6 103:25 104:25 105:4 106:14, 24 116:20 117:2, 3, 6, 10, 13, 14, 16, 21 118:1, 11 119:13, 15, 22 120:12, 12, 15, 23 121:7 122:4, 13 123:8, 24</p> <p>al 5:5, 6</p> <p>alcohol 81:4</p> <p>allegation 104:7, 10</p> <p>allegations 103:21</p> <p>alleged 103:24 104:15, 20</p> <p>alleging 104:4, 4</p> <p>allow 32:9</p> <p>allowing 126:21</p> <p>alone 32:21</p> <p>along 15:20 41:19 43:2 84:8 96:11</p> <p>aloud 112:3</p> <p>already 39:3 94:25 97:17 98:4 117:23, 25</p> <p>alter 112:16</p> <p>alteration 65:5</p> <p>altered 10:5, 23 19:20 70:23 71:7, 11 105:25 112:12</p> <p>alternative 104:5, 7, 10, 13, 15, 17, 21</p> <p>Altoona 16:15, 22 20:8 21:23 38:4, 7, 17, 18, 23 39:5 44:7 55:16 59:16, 20 68:11 73:20, 25 76:20 77:21, 22 81:25 83:10</p>
--	---	--	--

<p>always 31:23 45:11, 16 98:7 109:20 127:5 ambulance 70:12, 12, 14 85:11 American 13:3 14:3 117:12 amount 75:13 analysis 53:13 aneurysm 97:22 annual 76:23 77:14, 15 another 6:21 21:20 37:25 38:25 53:21 56:24 58:15 78:5 81:3 100:10 103:4 127:25 answer 6:16, 23 35:13 51:6, 12 63:16 77:6, 7 92:3 105:7 122:7 123:15 answered 43:25 105:8 125:5 answers 116:9 anticipated 51:8 antiseizure 49:20 any 12:3, 25 16:12, 17, 25 17:1, 2, 19 18:1, 14, 16, 25 19:4, 10 27:4 33:22 34:11, 15, 17 39:2, 23 40:14 42:15 43:8 45:15, 20 48:25 49:19 53:12 54:12 56:5 57:3 59:8 61:21, 22 63:4 64:11, 12 70:22 71:15, 18, 23 74:8 79:14, 20, 23 82:4, 15, 15 83:1 86:15 87:22 88:3, 4 91:24 92:8, 17 93:6, 22</p>	<p>94:22 95:15 96:22 101:18, 23 102:5, 10, 20, 25 103:4, 9, 15 104:2, 24 106:13, 18, 23 107:7, 10 110:5 111:23 112:15 113:20, 21 114:5, 9, 22 115:17 118:14 119:1 120:16, 20 121:1, 5 125:14 128:16 130:13, 14 anybody 77:2 120:17 anymore 66:2 anyone 69:12 82:18, 22 anything 8:22 9:1 21:25 22:3 35:8 38:13 41:24 56:22 60:13, 15 63:11, 25 68:20 69:23 98:2 110:20 111:1 114:15 115:4, 8, 12 127:9 128:15 anyway 116:10 anywhere 21:4 apnea 23:24 apologize 9:5 98:10 100:15 apparently 28:6 29:10 37:15 70:3 appear 66:1 71:7 APPEARANCES 3:2 appears 88:17 90:16 101:7 Appendix 22:21 23:9 49:13 51:16, 18, 21 109:24 110:17 applicable 8:25 19:18 73:19, 25</p>	<p>81:5 105:23 112:10 applies 40:18 51:19 109:24 apply 51:22 55:9 78:12 appreciate 83:17 approach 8:20 59:2, 7 78:3 96:21 114:13 approaching 44:15 111:21 114:12 appropriate 57:2 58:21 64:4 91:13 appropriately 29:15 109:12 approximate 5:9 approximately 21:24 are 8:15 10:20 11:20 12:21 14:7 15:18 20:10, 17, 21 21:12 22:19, 19 23:8, 11 25:1, 2, 3, 13 30:15 33:7, 7, 9 39:8 40:14, 19 41:3, 6, 18 43:19, 22 45:1, 7 47:20 48:1, 5 49:10 51:15 53:12 54:15 55:8 56:4 58:7, 7 59:16 60:1 61:18, 18 65:22 72:9 73:4 74:15, 20, 22, 23 79:20 81:5, 7, 9 84:1, 6, 14 87:2, 14, 17 88:24, 24 91:14 92:4, 5 93:11, 21 94:3 95:13 96:22 97:2 100:5 102:9 105:9 109:2, 21 111:5, 7, 10</p>	<p>113:22 117:7, 7, 11 121:10 126:24 127:14, 14 128:10 area 59:25 areas 81:16 aren't 22:15 27:8 41:1 argument 27:10 arm 69:19 70:3 87:11 88:14, 15 127:15, 18 arrival 127:12 arrives 69:17 75:15 aside 26:17 102:8 asked 8:17 43:7 44:8 89:9 115:10 119:5 125:4 asking 48:21 54:16 83:16, 19 102:16 106:3, 5 113:3 122:5 asks 50:8 128:3, 4 aspects 13:8 aspirin 126:7 assessment 13:18 assignments 14:23 assist 15:20 assistance 103:25 104:25 105:4 106:14, 15, 25 associated 32:3 130:14 assume 7:6 11:20 27:9 37:16 99:10, 15 assumed 83:11 assumes 113:25 assuming 50:18 52:8 89:11 assumption 7:8 ate 69:7 attack 26:11, 11, 13</p>
--	--	---	--

attacks 74:24 attend 11:22 attention 8:13 34:11, 13 42:17 45:8, 14, 17 55:5 71:10 75:15 97:1 99:1 100:21 123:9, 22 attorney 8:21 attorneys 103:20 attribute 88:3 audibly 6:16 August 16:14 18:15 19:19 20:8 27:7 52:12 55:15 82:1, 20 92:2 105:24 112:11 automatic 75:9 available 33:10 52:25 53:1 57:24 74:2 76:18, 19 77:2, 5 95:23 aviation 108:23 awake 36:25 aware 36:14, 17 38:2 123:19 awareness 16:12 18:14 37:10 < B > back 11:11 18:23 24:18 32:7 38:17, 18 40:2 41:18 44:7 47:4, 8, 17 53:3 55:23 58:12, 14 60:7 61:12, 12 62:20 65:18 68:10, 11, 13, 15 69:21 83:15 85:4 88:12 92:12 101:21 background 11:6 12:7 bad 87:7, 10	127:18 balance 33:21 BANKER 2:2 3:6 5:17, 17 6:5 8:1, 8 9:11, 17, 20 10:13 18:17, 22, 24 21:3 35:19 37:8 39:21 42:23 44:2 45:25 47:7, 13 48:12, 14 58:11 61:6 62:13 63:20 66:15 68:4 69:8 71:14 75:24 76:2, 3 80:3, 8 82:9 84:21 85:7 87:16 88:2 89:5, 23 90:2 91:17 93:16 94:23 98:17 100:14 102:17 104:9, 14, 19, 22 105:14, 18, 21 106:8, 10, 12, 21 107:9 108:10 110:19 111:18 112:4, 9, 21 113:8 114:11 115:17 116:19 128:16, 25 B-A-N-K-E-R 5:18 Based 27:21 28:18, 19 36:1 39:1, 4 63:9 68:11 70:20, 23 82:13 114:24 115:2 121:5 127:19 Basic 100:25 101:7, 14 121:6 basically 15:2 87:23 BasicPlus 4:10 10:3, 16 11:2 19:8, 10 76:4, 6 78:17 79:15 90:17 94:25 95:18, 22 96:4, 9	100:6 101:10 116:25 119:21 basis 13:12 74:3 76:18 79:16 84:3, 9 123:25 Bates 48:11 90:8 95:11, 12 99:2 100:22 125:22 bathroom 35:6 becoming 32:19 began 53:7 beginning 1:22 48:10 82:14 begins 35:4 95:10 behalf 5:18, 20, 22 127:25 belief 96:2 believe 17:12, 15, 18 27:21 58:18 63:11 82:3 93:6, 22 101:9 105:3 116:3 117:15 119:1 believes 58:19 belt 60:13, 19 125:2, 10, 10 belts 61:4 benefit 36:13 67:8 74:18 best 19:12 20:5 41:18 43:4 61:7 126:11 130:12 better 91:13 beyond 39:3 55:11 89:16 big 65:12 75:10 101:17 bit 11:6 16:7 50:7 67:4 116:18, 19 121:1 bleeding 74:22 Board 13:3 14:2, 3 108:25 board-certified	13:2, 25 body 65:3 bolts 24:21 book 10:1, 3, 17 11:2, 4 19:8, 9 47:24 48:1 75:20, 21 95:6, 18 96:6, 10 booklet 75:5, 7 books 96:8 bottom 85:20 box 50:14, 18, 25 51:7 52:17 123:9 BOYER 2:13 brain 65:1 91:5 break 7:10 45:24 47:17 53:4 54:2, 11 84:20 Brianne 1:20 5:13 130:4, 20 brief 45:24 94:3 Britt 123:5 broad 44:25 54:16 65:9 80:24 114:2 broadly 114:13 brochure 8:25 9:22 10:8 75:5 78:22 79:9, 12 123:8, 22 building 56:21 burst 97:22 busted 21:14 bystander 96:11 < C > cab 43:20 call 20:9 21:14, 19 23:21 25:8, 9, 10 27:10, 12, 12 29:4 34:22, 23 35:5 37:19 41:2, 12 55:4 56:6, 8, 11 57:8, 14 59:10 70:19, 23 71:17,
---	---	--	--

<p>22 100:17 115:15 127:22, 25 128:4 called 20:12, 18 21:22 22:21 33:14 35:16 63:11 70:15 82:18, 22 124:24 125:12 calling 27:17 55:5, 6, 23 87:9 115:10 127:17 Calls 36:19 39:14 43:15 70:10 82:7 88:6 118:20 can 7:4 20:5 23:7 30:21 31:2, 7 32:7, 11 35:13 41:16 42:18 44:1, 10, 17 45:16, 19 47:19 48:3, 10 49:12 50:8 51:12 52:19 56:5, 15 57:11 58:9 59:22 61:11, 11, 20 63:5, 16 66:19 68:18 75:6 77:3 84:19 95:8 98:3 101:6 106:19 109:12, 12, 13 121:14, 16 122:2 can't 21:1 34:25 37:4 39:6 57:21, 23 60:18 63:5, 9 66:24 70:2, 3 92:21 124:13 capabilities 39:8 61:23 capable 20:21, 22 53:16, 18 54:8 capacity 7:17, 21 8:11, 12 16:9, 9, 11 22:2 caps 99:4 CAPTION 3:2</p>	<p>cardiac 26:16 27:1 cardiopulmonary 75:8 cardiovascular 23:16 25:22 26:4 care 45:13 85:17, 24 91:12, 13 98:1 carefully 104:20 cars 58:15 Carson 81:18, 20 82:4, 11 83:11, 17 90:4, 10 CASE 1:3 3:2 5:4 8:10 10:2, 22 17:5 20:6 21:18 27:6 34:11 37:14 38:2 42:7 81:15 86:2 91:23 112:1 113:7, 15 115:4 cases 15:1 84:10 cast 33:24 categories 23:14 24:8 25:21 category 25:20, 22 26:5, 17, 19, 20, 21, 23 27:22 28:1, 15 52:22 95:5 cause 26:24 34:8 108:18 109:3 110:12 130:14 caused 68:1 causing 107:21 caveat 93:13 ceiling 28:11 37:13 cell 58:3, 8 Center 2:3 12:10 56:7, 12, 18, 22 57:6, 9, 21 central 56:20 certain 14:4 15:1 24:4 26:14 65:1, 3 73:3 75:12 96:15, 16 97:10,</p>	<p>13 102:20 103:21 108:19 109:8 126:24 certainly 34:3 84:21 CERTIFICATE 3:4 certifications 13:1 Certified 1:24 2:20 certify 130:6 cetera 114:23 chance 6:23 chances 91:5 change 16:6 38:24 39:2, 6, 10, 11 41:23 42:5 43:5, 11 60:18 64:20 67:10, 18 86:19 123:15 changed 65:14 changes 22:13 24:2, 4 39:17 40:8, 9 123:11 changing 38:19 58:24 channel 38:25 channels 39:7 41:23 42:5 43:5, 11 60:18 characteristics 70:8 Chaz 17:24 C-H-A-Z 17:24 check 50:8, 18 chemical 13:10 chest 23:3 25:23, 24 Chicago 2:9 chief 14:12, 15, 19 15:3, 8, 8, 11, 17 102:9 122:25 123:3 127:23 Children 1:4</p>	<p>choosed 118:8 chose 118:10, 16 circadian 111:22 113:4, 16 circumstances 61:7 104:1 105:1, 5 106:16 107:1 Cities 81:23, 25 90:6 claims 47:6 clarification 7:4 clarify 7:4 51:18 classify 128:10 clear 6:21 27:8 71:8 93:9 cleared 24:18 clearer 6:25 clearly 55:1, 1 click 50:14 clinic 12:16 clinical 83:24 clot-busting 126:8, 23 CMS 20:10, 10 27:10 code 99:4 100:24 COHEN 2:12 3:8 5:21, 21 8:6 48:9, 13 60:21 66:10 68:22 80:7 115:20, 22 118:6, 23 122:8 125:8, 14 128:18 129:2 C-O-H-E-N 5:21 cold 22:4 38:12 74:22 collapse 65:7 collapsed 27:13 29:10 128:7 colleagues 13:23 15:21 84:1 collection 90:4 College 11:24 come 20:19, 23 21:1 32:7 35:18</p>
--	---	--	--

53:3 55:23 60:11 62:6 73:5 74:13 78:6 comes 38:5 53:19 65:24 66:14 67:16 70:12 coming 38:18, 23 39:5 41:18 58:12 67:7 commercial 108:23 Commission 130:23 committee 72:9, 10 common 22:4 45:4, 10 53:19 54:25 55:13 62:8 92:21 114:8 commonly 29:24 communication 21:21 communications 19:3 companion 10:16 COMPANY 1:8, 12 5:6 15:12 58:8 78:4, 19, 23 79:2 116:6 117:9 complaining 42:10 43:23 complaint 104:11, 12, 17 Complete 4:5, 5 51:1, 5 100:4 101:22 102:4 completed 12:18 50:15 100:2 101:8 completion 51:2 comply , 50:13, 23 component 75:11 76:24 components 75:12 Computer-Aided 130:9	concept 15:4 108:20 122:1 concern 43:10 61:18 108:4 110:23 111:24 concerned 30:7 34:6 44:18 concerns 30:24 53:10 concluded 70:25 condensed 129:1, 3 condition 22:13 25:6 26:16 30:9 31:25 32:3 38:19 58:24 67:11 68:21 127:2 conditions 30:4 50:5 64:15 73:7 75:18 107:4 108:5, 6, 17 109:2, 9, 17, 24 110:18 111:2 119:17, 21 condominium 11:10 conductor 16:3, 14 19:18 20:7, 13 34:3 38:24 39:6 40:13 43:10 52:10 105:24 112:11 conductors 51:24 52:1, 6 110:21 111:8 confirm 51:2 confirmed 26:14 93:12 confirming 87:23 confused 55:1 confusion 65:6, 8 conscious 36:25 consciousness 19:20 23:18, 19, 25 26:20, 24 27:5, 23 28:2, 16 29:14 30:8, 12, 14 31:14	32:18 33:1, 20 35:24 36:16 37:24 38:1 39:18 48:18 49:2, 18, 21 55:3 65:5, 7 74:23 105:25 112:12, 16 consider 11:12 16:3 28:1, 25 29:13 32:24 51:19 Considerations 121:12 considering 27:16 consistent 70:9 constantly 56:3, 4 consult 52:10 consultant 14:21 contact 24:22 51:4 55:20 56:4, 12, 16 57:17, 17, 25 contacted 83:6 contacting 57:9 contacts 57:10 contain 130:10 contained 11:3 95:17 124:1 contains 124:4 contention 106:9 contentions 105:9, 11, 13 contents 10:4 95:4, 9 123:19 context 124:14 continue 45:6, 19 76:16 contracted 79:10 116:14 contractors 120:22 contracts 120:18 contributes 72:14 contribution 104:17 controlling 110:8 convenient 27:4	conversation 34:19 41:19 conversations 8:21 17:1, 2, 4, 7, 20 18:1 19:2 82:15 102:24 coordinate 57:3 copy 98:12 100:17 corner 49:7 85:21 corporate 8:12 16:10 19:14 105:14 corporation 1:9, 12 2:8 corporations 117:9 correct 16:23 24:11 52:16 79:8 92:11 95:24, 25 116:4 119:13 122:10 123:19 130:11 correctly 53:23 54:14 correspond 90:16 Correspondence 4:10 corresponds 99:19 could 6:24 9:13 25:9, 25 27:1, 1, 2 30:13, 13, 21 33:23 34:17 42:9 52:3 53:21 54:1 57:16, 25 69:7 88:18 98:14, 25 123:21 couldn't 27:17 37:17 42:20 43:9 could've 17:13 83:4 92:7 Council 117:12 counsel 5:14 18:20, 23 46:3 47:4 84:24 85:4 118:24 120:25
--	---	--	---

128:22 130:15 COUNTY 130:3 couple 35:6 79:25 103:23 126:5 course 30:18 34:6 47:21 51:1 76:9 93:2 103:20 128:5 courses 75:6 77:3, 3 78:8 COURT 1:1, 23 2:20 5:8, 12, 13 6:14 128:23 cover 96:3 coworker 40:1 45:5, 12 53:21 55:12 56:9 58:23 61:24 64:8 coworkers 55:4 67:16 coworker's 61:23 CPR 4:10 75:8 76:6 101:7, 14 CPR-V6 100:25 create 43:11 created 80:10 85:11 creates 32:21 50:19 creation 78:17 crew 20:9, 18 21:21 40:13 62:23 116:7 crews 40:13 60:5 116:16 critical 13:16 15:23 16:4 25:3 30:6 34:4 51:19 94:18 96:12 108:19 criticism 121:1, 5 Cross 117:12	CROSS-EXAMINA TION 3:6, 9 115:19 125:18 CRR 1:20 130:4, 20 crush 75:14 crystal 27:8 current 21:8 84:4 currently 11:8 14:7 cut 90:13 cuts 75:13 cycle 110:21 cycles 111:12 < D > damage 91:5 96:13 97:15, 17 database 94:4, 6 date 5:9 50:20 82:23 Dated 4:16 day 21:23 38:6, 12 90:11 130:18 day-to-day 22:15 84:3, 9 deadweight 69:20 deal 58:15 81:8, 11 111:6, 7, 11 113:11, 13, 22 114:6 dealing 13:13, 14, 17 15:22 22:15 35:15 45:3 58:23 deals 13:8 59:1 62:12 111:2, 16 122:24 dealt 95:6 114:7 death 91:6 Debra 83:20, 20, 22 84:15 Decedent 1:5 decide 29:16 59:5, 5	decided 120:7 decides 44:19 deciding 119:23 decision 62:9 64:9 68:10 120:4 DEFENDANT 1:10, 13, 18 2:7, 12 5:20, 22 103:19 defibrillator 75:10 defining 51:21 definitely 64:25 definition 104:18 degree 11:23 12:20 Delaware 1:8, 12 delay 107:21 departed 70:15 department 14:22, 22 15:6, 10, 15, 20 24:16 25:17 51:22 72:8, 11 73:1 76:14, 14 83:25 84:5, 8, 14 111:15 departments 15:24 76:22 77:1 departs 70:14 depend 97:7 depending 64:22 126:6 deposed 7:14 DEPOSITION 1:6, 19 4:3 5:4, 7 6:7 8:10, 11, 23 9:2, 19, 25 10:12, 15 16:8, 19 18:13 19:7 73:15 80:2 82:14 85:6 89:22 91:16 114:21 128:21 depositions 114:22 depot 16:15 68:11, 16 69:10, 12 70:18 71:5	114:17 derived 87:13 described 19:6 25:23 28:5, 6 29:7, 23 32:17 35:1 37:14 38:9 39:17 40:9 43:3 52:23 59:19 63:10 64:3, 7 67:2 69:23 70:2, 20 71:6 115:14 describes 38:16 describing 43:19 49:22 64:5 75:20 description 27:21 32:20 87:12 99:5, 12 100:25 designate 8:17 designated 81:22 106:6, 7 designee 9:9 105:15 despite 29:11 58:17 107:5 detail 41:8 detailed 31:21 details 41:1 43:2 94:11 determination 30:3, 17 31:1 32:6 40:10 63:8 73:9 determine 23:7 30:2 31:25 determined 63:22 determines 62:18, 18, 25 determining 13:14 develop 15:21 109:7 117:5, 23 developed 78:24 113:20 117:17, 21 118:1 developing 14:24 60:15 88:17
---	---	--	--

development 72:15 84:8 diabetes 23:20 diagnosed 26:23 diagnoses 89:17 diagnostic 26:14 did 9:5 11:22 12:3, 8, 11 14:17 18:13 37:23 80:25 83:13 88:10 112:14 114:21 117:5 118:7, 14 119:5 121:6 124:11 127:9 didn't 18:1 29:4 34:23 37:5 38:13 39:24 43:8 60:25 64:7 115:11 117:23 die 33:24 differ 84:2 difference 66:13 different 14:23 35:15 36:5, 6 48:7 49:11 53:7 76:16, 21, 25 77:1 78:6 82:5 86:16 118:13 difficulty 42:8, 21 43:22 61:4 88:13 125:2, 10 DIRECT 3:6 6:4 25:9 82:15 85:14 86:5 98:25 directed 15:3 directing 100:20 direction 40:23 83:14 84:6 directly 56:17 57:9, 15 81:8 director 83:23 disability 91:5 discipline 13:8, 20	disciplines 13:23 Disclosure 4:14 discovery 10:2, 21 discuss 123:2 discussed 75:3 124:3 Discussion 18:21 20:1 47:16, 18 discussions 121:4 disorders 23:23 109:11 dispatcher 40:7 56:5, 6, 11 57:10, 14 58:1 70:11 110:9 dispatches 70:11 dispute 61:25 disputing 87:22 DISTRICT 1:1, 1 disturbed 111:22 Do 6:17, 24 7:4, 6 10:7, 9 11:8, 12, 15, 18 12:3, 25 13:21 14:11, 11, 17, 24, 25 15:3 16:12 17:11, 17, 25 19:13, 21 20:4 22:12 23:7, 10 24:12 27:21 30:18, 21, 22 34:4 37:19 38:16 39:1 40:6, 7 41:2, 16, 24 42:20 43:12 44:9, 10, 10, 11, 17 45:12, 23 48:21 49:16 51:3 53:6 54:7 55:17 59:5, 5, 23 60:2 61:11, 20, 24 63:10 64:4 70:17, 24 71:24 73:8, 21 74:11 77:2, 7 78:10, 16 79:20 80:21 81:18 82:18, 22 83:8, 20 84:2	85:25 87:18 88:3 89:6, 10 90:21 91:7 92:16, 16, 17 93:6, 22 98:3, 7, 10, 22 99:7, 9 100:9 101:1, 3, 9, 12, 17, 23 102:5, 10 104:2, 23 105:3 106:13, 23 107:6, 10 110:11, 13 112:22 113:23 116:7, 21 117:16, 20 119:1, 13, 15, 20 120:6, 16 121:1, 19 122:12 124:6 126:3, 6, 9, 14 128:5 130:6 doctor 11:20 12:7, 22 29:5 31:8, 8, 15 64:13 84:15 87:18 115:21 127:10 128:14 document 8:4 80:10, 13 90:8 91:20, 23 98:20 99:1 100:10 documents 19:4, 10 79:25 does 13:5, 6, 24, 24 20:12 24:24 29:14, 17, 21, 22 33:5 35:8 36:16, 17, 22 39:2, 10, 10 41:17, 22, 24 49:4 50:1, 4 51:21, 22 55:25 60:15 61:14 66:3 67:18 68:20 69:23 70:4, 7 76:18 78:25 79:14 82:4 86:12, 15, 18 87:4 94:1 111:23 120:21 121:22 122:5, 18 123:18 124:16, 23 125:9	doesn't 35:5 37:1 40:9 58:18 60:13 61:10, 11 63:1, 2, 24 64:5, 25 66:1 71:7 104:8 122:6 123:15 doing 14:13 30:2, 11 34:18 42:8 43:6, 22 53:18 54:8 61:18 84:13 99:24 110:2 done 8:22 9:1 26:15 44:7 62:23 97:17 114:18 126:17 128:19 don't 7:3, 6, 19 16:16 17:12, 15, 18, 25 18:5, 5, 9, 10, 10, 16, 17 20:2, 24 22:14 27:19 31:21 34:23 35:18 36:13 39:23 40:8 41:5, 11, 12 42:6, 9, 11, 12, 15, 18, 19, 25 43:25 45:11, 15, 20 48:5 51:12 54:9, 22 58:6, 25 59:11 61:1 64:5, 11, 11 67:1, 8, 24, 25 68:7 71:6, 9, 10, 11, 19 74:12 75:19 76:10, 21 77:24 79:17 81:5, 11 82:8, 25 83:4, 6 86:13 87:1, 1, 21, 22 88:19, 25 89:2, 2, 16 92:7 93:11 95:19 96:5 98:10, 12, 13 100:3, 11, 16 102:20, 22, 24 103:4, 9, 15 113:11, 14, 17 114:4, 4, 9 115:4,
---	--	--	---

8, 12, 17, 24 117:19 118:10, 17, 22 119:4, 4, 6, 8, 25, 25 120:1, 4, 20, 24 121:5 122:19, 22 123:15 124:13 125:14 126:18 128:16 DOUGLAS 130:3 down 6:15 21:4 31:4 37:6 45:11 54:2 87:25 126:5 downtown 11:10 Dr 6:6 80:16 drafting 72:1 dramatic 128:6 draw 123:9 drill 31:4 drink 67:15 Drive 2:3, 8, 13 63:2, 5, 9 64:10 68:12 116:15 driver 60:10 69:11 driving 63:24 108:23 drooping 69:22 70:4 drug 81:4 126:23 drugs 126:8 duly 6:2 duration 101:13 during 41:3 47:17 duties 15:19 32:6 duty 13:15 15:1, 22 21:13 22:9 30:1 38:5 73:5 92:1, 5, 17 93:24 121:20, 23 122:6, 14 DVD 4:15 10:16, 20, 21 < E >	earlier 70:23 87:8 124:3, 12 126:1 Early 96:11 114:21 easier 26:7 100:9 east 59:20 edit 119:2, 5, 9 edited 119:6 effect 27:8 76:11 98:3 effective 97:6, 18 effects 96:18 eight 48:6 94:13 either 16:1 30:9 31:7, 9 33:14 55:23 88:12 93:7, 23 119:13 123:22 E-learning 47:21 48:2, 20, 24 99:18 electronic 75:9 128:25 129:1 Email 4:10 9:6 90:14 emails 90:4 125:21 emergencies 107:13, 17 emergency 23:3 26:12 31:17 37:18 56:6, 7, 9, 12, 13, 18, 21 57:2, 6, 8, 21 58:1, 4 75:15 94:8 107:20, 21 114:19, 19 115:10, 15 122:17, 18, 21 123:10, 13, 14, 18 124:24 125:11 employed 14:7 81:21 employee 18:14 22:23 24:7, 22, 24 30:19 33:5, 23 36:17 40:3 41:25	42:14 44:22 45:5 49:23 50:16 53:6 54:6, 9 58:23 63:5 72:24 73:18, 24 77:4 109:12 113:22 127:23, 25 128:1, 3, 4 employees 21:2, 12 25:2, 3, 3, 16 33:11, 13 40:18, 21 48:3 51:11, 14, 20, 23 53:15 57:7, 8 62:7 73:4 74:2, 4, 10, 17 76:19 77:21 79:14, 20, 23 80:18, 21 91:25 92:5, 11, 13, 15, 16 93:24 94:2, 16, 21 95:16, 24 107:12 108:2, 4, 19 109:7 116:15, 21 119:3, 11 120:11, 15, 19, 22 121:23 123:24 employee's 31:8 53:22 employers 109:8 employer's 31:8 EMS 75:15 87:24 89:3 98:7 103:13 127:6 EMT 85:10, 16 86:15 127:9, 16 EMTs 86:2 EMT's 127:12 en 68:17 encompasses 81:25 encouraged 74:3, 5 engineer 38:6, 9, 11 39:6 56:1 57:13, 25 59:9 61:9, 23 engineers 56:4 ensure 53:17	entail 13:25 entire 104:12 entitled 5:5 85:17 121:11, 19 123:10 entry 99:3, 19 100:24 101:1, 3 environment 13:11 110:13 environmental 13:7, 10, 22 epilepsy 26:23 49:19 episode 39:18 equipment 110:6 ER 25:24 Eric 18:7 Erickson 18:7 E-R-I-C-K-S-O-N 18:8 essential 30:23 110:16 essentially 56:21 75:1 94:13 109:25 128:7 establish 107:16 established 39:3 102:11 et 5:5, 6 114:23 evaluated 22:25 25:7, 14 29:3, 15 31:15 33:3 34:2, 6 36:4 40:25 97:5 109:13 evaluating 26:15 evaluation 23:5, 7 24:10, 15 28:24 29:20, 21 30:2, 19 31:1, 6, 10, 21, 22 32:14 73:10 94:9 evaluations 30:22 evening 82:16 event 23:22 24:7, 8, 14 27:5 28:21 29:1, 14 31:14 32:22, 24 33:6
--	---	---	---

<p>35:1, 10, 22, 25 36:7, 11, 18 39:4, 19, 20 40:11, 24 55:2 66:23 67:12 70:7 71:5 86:19 94:22 110:11 113:19 128:13 130:16 events 22:22 23:11 24:25 25:19 48:16 49:3, 14 52:23 58:13 86:18 93:4 94:22 102:11 103:2 108:1, 13 ever 82:10 91:19 98:19 every 41:10 93:10 94:20 everybody 73:2 everyone 74:17 109:25 everything 6:15 evidence 35:12 66:6 67:21 68:25 114:1 exactly 13:6 14:1 31:9 42:6 43:21 48:5 EXAMINATION 3:6 6:4 14:6 31:13 32:15 examined 6:3 example 17:2 52:11, 20 57:25 109:11 excerpt 10:1 excerpted 10:3, 22 95:7 excerpts 11:3 exchanging 9:7 Excuse 103:12 125:22 exercise 53:17</p>	<p>EXHIBIT 4:2, 3, 4, 5, 5, 9, 10, 10, 10, 10, 15, 16 7:24 8:3 9:18, 25 10:11, 15, 20, 23 11:3 19:15 47:11, 15, 19, 20 48:11, 20 75:4, 22 80:1, 5 83:15 85:5, 9, 15, 17, 22 89:21, 25 91:15, 19 94:25 98:9, 11, 14, 15, 19 99:12, 18, 20 100:11, 12, 16, 18, 22 101:5, 22 102:5 103:13 123:22 124:1, 4 125:21 127:7 EXHIBITS 3:3 103:12 129:1 existed 72:4 expect 6:9 7:14 20:20 92:18 expectation 127:24 expected 21:2 92:23 experience 14:5 91:25 92:16 expert 58:10 106:7 Expires 130:23 explained 86:3, 7 explains 48:7 explanation 43:8 exposures 13:11, 19 expressed 61:17 extensive 14:5 extent 41:20 45:10 106:18 extraboard 20:13 eyeballing 93:1, 18 eyes 28:3, 10 95:3</p>	<p>< F > facial 69:22 fact 28:4 29:5 36:14 39:17 41:22 44:16 61:12 62:21 78:16 82:15 124:16 125:1, 9 facts 113:25 failed 103:24 104:24 106:14, 24 107:3, 11, 15, 19 fair 7:7 124:15 fairly 31:20 92:19 fall 27:22 39:4 fallen 36:15 falling 32:18 33:21 falls 24:7 26:4, 21 37:1 69:15 familiar 6:11 20:10 45:2 59:16 60:1, 3 81:1, 8 92:4 116:4, 5, 6 121:10 far 9:12 33:19 41:10 62:11 63:10 71:24 FAST 90:15, 19 125:24 127:10, 13, 20 F-A-S-T 90:15 fatal 109:4 fatigue 111:3, 6, 20 113:12 fault 64:12 FAX 2:4, 9, 14, 22 feature 35:3 feel 7:3 31:21 40:4 41:12 42:15 45:19 54:22 64:5, 7 feeling 35:18 38:12, 21 40:1, 2,</p>	<p>4 41:2, 15 45:7, 19 67:3 fell 28:4 37:6 fellow 127:23 felt 67:11 87:6 88:19 field 109:25 fifteen 27:15 29:11 32:20 find 21:6 50:3 52:14 64:11 70:13 finds 69:18 fine 33:24 34:23 41:21, 25 44:22 54:7, 7 58:18, 19 61:19, 24 70:24 71:1, 9 finish 6:22 68:19 First 4:10 6:2 8:24 9:22 16:10 19:8, 9, 16 23:16 25:1, 22 33:9 37:21 60:17 69:4 70:18 73:15, 24 74:1, 9, 18, 19, 21, 25 75:5, 11, 14 76:5, 6, 9, 17 77:11, 23 78:1, 10 79:3, 7, 15, 21 87:6 88:22 89:9 95:22 100:6, 25 101:7, 10, 15, 18, 25 102:6 105:8, 21 106:3 116:20 117:2, 3, 6, 10, 13, 14, 16, 21 118:1, 11 119:12, 15, 22 120:12, 12, 15, 23 121:7 122:4, 13 123:8, 24 126:20 first-aid 73:18 firsthand 67:9 fit 21:13 22:9 40:22 73:5</p>
--	--	---	--

fitness 13:15 15:1, 22 30:1 fitness-for-duty 23:5, 7 24:10, 15 28:23 29:20, 21 30:16 31:6, 10 32:14 73:9 84:5, 10 fits 28:15 five 12:16 23:14 33:17 flag 32:21 Floor 2:13 27:16 36:15 37:1, 3, 6, 23 flu 22:5 38:13 focus 16:10 25:18, 20 54:6 55:22 focused 77:20 focusing 26:10 48:8 follow 17:19 34:17 49:24 71:21 78:13 95:9 107:16 following 5:1 47:2 85:2 follows 6:3 font 125:24 foregoing 130:6, 9 form 39:13 42:2 43:14 60:21 62:1 66:9 67:22 68:22 86:21 87:20 88:5 98:20 100:2 108:7 110:24 112:2 114:1 115:1 formal 12:3 14:4 51:20 formally 72:21 112:2 format 100:3 forth 11:11 60:7 forward 38:3	found 69:16 88:11 115:7 foundation 39:14 60:22 62:2 63:14 66:7 67:21 68:23 71:3 86:23 88:6 102:13 106:17 109:22 110:25 112:2, 15 113:25 115:1 117:22 121:24 four 33:16 126:19 four-year 94:13 FRA 58:8 109:1, 6 frame 19:25 20:1 73:24 76:20 77:22 92:1 108:3 Franchuk 4:5 17:16, 17, 20 38:10, 11, 15, 16 41:15, 20, 22 43:3, 7, 9, 12 44:6, 8, 16, 18 53:9 55:18, 19 58:13, 17 61:9, 17 98:24 99:20 F-R-A-N-C-H-U-K 17:17 Franchuk's 39:1 100:4 101:22 102:3 Francisco 12:9 free 7:3 frequency 92:19 frequent 93:7, 23 frequently 77:11 92:16 friend 87:2 friends 87:2 front 79:11 123:23 full 130:10 full-sized 128:25 fully 112:18 function 64:20, 21	functional 13:17 30:10 65:15 functioning 30:15 65:10 functions 30:23 further 49:15 99:5 115:18 125:14 128:16 future 92:24 < G > gastroenteritis 69:6 gather 59:22 gathered 65:22 gears 11:5 16:6 73:16 General 1:21 16:1 22:8, 17, 18 40:20 51:13 53:15 54:18, 20 64:14 74:15 75:17 89:14 96:19 130:4, 21 generally 25:17 72:2 91:10 97:25 117:5 Gengler 83:20, 20, 22 84:15 gentleman 17:23 getting 30:20 61:4 64:24 96:19 97:12 give 6:23 72:22 77:14 92:21 113:21 122:14 given 21:17 63:15 97:3, 6 108:25 126:7 gives 49:9 54:12 59:9 79:1 go 11:11 16:24 18:17 23:4 24:18 29:4 31:17 33:2 34:4, 16 35:16	36:20 37:18 39:15 40:5 42:3, 16 43:2 45:8, 16, 17 47:17 48:2 49:12 52:13 57:14 61:12, 12, 13 62:3 64:9 69:2 75:6 76:16 83:15, 16 86:24 96:7 102:14 112:19 122:23 125:6 goes 23:2 35:6 38:14 41:17 65:23 66:13 67:14 69:11 95:11 going 6:14 7:6 9:6 16:24 20:4 21:22 25:24 29:7 30:9, 10 34:8, 8 37:22, 23 44:19 45:12 55:4 57:20 62:19, 21, 22, 24 63:18 66:10 69:1 85:8 93:8 95:8 97:14, 15 99:10, 15 105:7, 10 110:12 116:10 122:13 126:5, 17 Good 6:6 74:10, 16 115:21 118:24 122:16 gotten 33:19 55:16 government 74:8 120:14 governmental 120:16 GPS 102:19 great 41:12 grossly 113:25 ground 28:4 32:19 33:21 69:15, 18, 21 71:6
--	--	---	--

<p>88:11 114:16 115:7, 14 group 27:3 72:7, 13 groups 77:13, 17 92:20 growing 53:10 guess 9:11 20:3 40:11 52:2 75:19 78:25 89:9 90:18 98:6 104:23 106:11 guidance 40:14 52:15 54:12 59:9 61:22 71:16, 18, 19 113:21 guide 48:20, 24 49:23 53:13 guides 63:5 guiding 109:16 110:10 guy 43:16</p> <p>< H > had 5:2 6:6 14:24, 25 17:1, 2, 19 18:14, 21 21:20 26:7, 11, 22 28:6 33:16 38:12, 19 39:18 47:2, 6, 23 52:10, 11, 20 64:7 72:10 78:4, 9 83:9 85:2, 10 87:13, 25 88:19 89:7, 10, 11, 15 91:25 92:12 94:10 117:25 118:18 119:2, 9 128:8 hadn't 87:4 half 27:11 hallmark 65:12 handbook 90:17 95:1 96:4 Handing 89:24</p>	<p>handling 58:21 107:12 happen 13:19 25:10 66:20 92:23 126:12 happened 27:19 37:13 65:13 83:5 92:7, 23 98:4 118:10 happening 89:1 97:7 happens 27:5 37:1, 5 92:22 has 8:16 13:20 20:5 21:7 22:11 24:7 26:22 30:8 31:14, 20 34:20 36:15 41:11 42:15 44:24 48:25 50:7, 7, 10 55:16 59:21 61:9, 17, 23 70:8 72:18 73:2 76:8 84:4, 16 85:15 90:10, 19 91:25 92:10, 22 97:17 99:2, 5 100:24 103:18, 24 108:25 110:11, 12 123:12 125:10 hauling 38:6 Have 6:6, 20 8:3, 18, 22 10:22 11:10 12:23, 25 14:13 16:12 17:1, 2, 10, 19 18:1, 13, 16 19:1, 4, 10 20:2 21:8 22:5, 8 23:5, 13 24:14, 22 30:11 31:16, 22 33:13, 13, 16 34:2 35:17 36:13 37:10 39:23 40:6, 24 43:8 44:23 45:4 47:16, 18 48:12 49:16 50:5,</p>	<p>11, 11, 14, 23 52:3, 25 53:7, 16 54:18, 18, 20, 21 55:2, 12 56:1, 7, 11 57:5 58:15 59:5 60:4 61:4 62:8 63:18 64:14 65:15, 25 67:8 68:12, 18 69:1 70:22, 25 73:8, 10, 21 74:12, 23 75:4 76:22 77:7, 14 78:5 79:18, 21, 24 80:12, 15, 16, 21 81:15, 16 82:4, 10 83:6, 9 85:10 86:2, 13, 16, 18 87:22 89:14, 16 90:6, 22 91:19 92:17, 20 93:6, 14, 22 95:1, 19 97:2, 21 98:12, 19 100:16 101:13 102:10, 20, 24 103:4, 6, 9, 15, 20 104:2, 8, 23 105:2, 7 106:13, 18, 23 107:7, 10, 14, 18, 23 108:5 109:3, 8, 13 110:14 112:25 113:17 115:4, 17 117:12 118:14 119:1, 2 121:1, 5, 13 122:6, 18 123:5, 18, 23 125:14, 16, 20 127:20 128:16 haven't 106:6, 6 HAYDEN 2:7 3:9 5:19, 19 8:5 9:4, 13 20:15 35:11 36:19 39:13 42:2 43:14 47:5, 8 58:5 60:20 62:1 63:13</p>	<p>66:5 67:20 71:2 75:23 80:6 82:7 86:21, 23 87:20 88:5 90:1 93:8, 25 102:13 104:3, 12, 16 105:6, 16, 19 106:2, 9, 17 107:6 108:7 109:22 110:24 111:25 112:6, 14 113:7, 24 114:20 117:22 118:20 121:24 125:4, 16, 19 128:14, 19 129:3 H-A-Y-D-E-N 5:20 hazardous 110:4 hazards 110:7 he 9:8, 15 20:8 21:20, 22, 22 27:12, 15, 18, 19 28:4, 7, 9 29:2, 9, 9 34:22 35:4, 4, 6, 6 36:1, 15 37:15, 19, 21 38:1, 2, 10, 11, 12, 12, 19, 20 39:8, 18 40:1, 2 41:14, 16, 17, 17 42:6, 7, 10, 20, 21 43:5, 8, 9 44:9, 11, 17 52:10, 11, 13 55:19 58:19, 19, 19 60:13 61:10, 10, 11, 11, 11, 12, 13 62:17, 19, 19 63:1, 23 64:5, 7, 7, 9, 9 65:24 66:13, 14 68:18, 25 69:15 70:2, 5, 6 71:5 87:6, 6, 6, 8, 9, 10 88:12, 12, 13, 13, 18, 19 89:10, 11, 15 100:5, 6 101:8, 17, 24 102:5, 14 104:8</p>
--	--	--	--

<p>105:8, 18 112:18 114:20, 21 115:7, 10, 11, 14 127:17 head 6:17 headache 87:7 88:22, 22, 25 heading 52:4 Health 12:13, 20 13:9, 9, 14 14:21 15:5, 9, 15 16:1 22:22, 24 23:6, 11 24:17, 19, 24, 25 25:19 28:21, 22 29:1, 19 30:3, 9 31:25 32:2, 22, 24 33:6 35:21, 25 36:7, 11 39:20 40:11, 24 48:16 49:13 50:5 72:8, 15, 17 73:1, 6 75:18 81:22 82:18, 22 83:1, 5, 9, 25 84:17 90:5 94:22 109:9, 17, 24 110:17 111:2 127:3 128:13 health-care 30:21 hear 94:18 heard 97:10 121:5 hearing 24:3, 4 60:24 heart 26:10, 11, 13 74:24 held 5:7 help 9:16 44:6 51:4 69:13 helpful 24:5 helping 15:21 hemorrhage 88:25 hemorrhagic 97:21 126:25 her 35:5 84:2, 6 hereunder 50:25 hereunto 130:17</p>	<p>he's 28:10, 11, 13 37:25 38:2, 5 39:7 41:15 43:16, 16, 21, 22 44:19 58:18, 19 62:19, 21 64:5 66:14 67:17 69:16, 20 70:3 105:6, 14, 19 114:24 117:23 hid 112:16 him 17:13, 15 18:1, 6, 9, 11 21:21 27:14, 17 28:12, 13 29:12 38:1 39:7 41:20 43:7 52:25 58:14 59:5 61:13 62:21 63:2, 24 65:24 67:13, 15, 16 68:2, 11 69:2, 20 70:25 88:11 89:4 105:8 106:5, 6, 7 112:14 113:22 114:18 115:7 himself 37:21 63:2, 9, 24 64:10 hired 118:2 his 17:25 18:5 19:19 21:23 27:13, 13 28:3, 6, 6, 10 34:21 35:4 36:13 38:9, 22 39:8, 10, 25 41:10, 17 44:19 52:12, 21 55:19 59:4 60:13 61:23 64:8 65:25, 25 67:11 68:21 69:19 70:3 88:14 89:17 101:24 105:12, 25 112:11 113:23, 23 History 4:5, 5 86:8, 19 100:5, 20 101:5, 17, 23, 24</p>	<p>102:4 hit 37:6 50:24 hold 100:10 HOLLAND 1:7, 19 5:4, 16 6:1, 6 80:16 130:7 home 20:9 34:21 40:5 45:8, 17 62:21, 24 63:3, 6, 9, 24 64:9 69:2 hope 115:24 hospital 70:16 91:13 94:8 96:12, 20 97:14, 23 hospitalized 26:12 31:18 hot 74:22 hour 27:11 44:15 53:10 87:10 127:17 hours 62:23 101:12 126:13, 19 127:11, 21 huh-uh 6:17 hundred 130:10 HUNEGS 2:3 hypo 23:22 hypoglycemic 23:22 hypothetical 43:15 54:16 66:7 67:23 hypotheticals 114:25 115:13 < I > idea 53:5 identification 7:25 8:3 47:12, 15 49:6 98:16, 19 100:13 IDENTIFIED 4:9 85:15 127:7, 10 If 6:24 7:2, 6, 10 8:21 10:25 12:6 16:25 20:15, 19,</p>	<p>20, 24 22:22 23:7 24:7 26:7, 9, 22 29:4, 16 30:3, 5, 8, 11 31:23 32:2, 2, 11, 16 33:17 34:10, 11 35:15, 15 36:12, 14 37:11, 21 40:4, 24 41:2 42:7, 10, 20 43:21, 25 44:1 45:4, 6, 6, 13, 18, 19, 23 48:2, 24 49:10 51:3 52:10, 12, 17, 20 54:25 55:1, 2, 11 56:9, 9, 10 57:13, 13, 14 58:5, 25 67:1 68:1, 1, 2 69:12 70:17 73:8 76:15 77:11 78:4, 25 86:9 88:16, 16, 25 91:11, 24 94:12, 12, 14 95:21 96:1, 6, 7, 20 97:13, 21, 21 98:14, 25 100:2 104:10, 19 109:8, 13 110:3, 4, 7, 14 115:24 116:11 122:5, 5, 21, 24 123:17, 21 125:21 126:17, 18 128:3, 7, 7, 8 ill 20:14, 19 21:1 41:3 45:19 61:10 63:23 67:3 68:25 Illinois 2:9 illness 19:19 54:22 69:5 95:5 105:25 112:12 illnesses 13:18 74:13 imagine 7:20 immediately 56:11 impaired 55:1</p>
---	--	--	---

<p>impairment 30:10 32:5 64:23 65:10, 16 128:9, 12</p> <p>implement 107:20</p> <p>implementing 72:19 73:3</p> <p>implies 96:15 122:25</p> <p>implying 96:25</p> <p>important 6:15, 20 25:5 56:23 96:17 97:2</p> <p>impression 59:4</p> <p>improper 105:10, 12</p> <p>inabilities 39:10</p> <p>inactive 12:24</p> <p>incapacitation 19:20 30:13 32:5 106:1 108:17, 21 109:3, 10 110:12, 14 112:12 128:11</p> <p>Incident 4:10 16:13, 21 17:9, 21 18:2, 6, 10, 15 19:2, 5, 11 20:3 52:11 82:6, 11, 19, 24 83:2 90:12 93:10 102:12</p> <p>incidents 74:12 92:5, 8, 10 93:21 94:14</p> <p>include 51:24 119:17</p> <p>included 96:5 119:21</p> <p>includes 110:2</p> <p>including 73:18</p> <p>inclusive 47:10</p> <p>incomplete 43:15 66:7 67:22 114:25</p> <p>Incorporated 5:23 77:15 115:23, 25</p>	<p>117:14, 17 119:16</p> <p>increasing 28:12</p> <p>independent 20:2 39:23 103:9</p> <p>independently 36:10</p> <p>INDEX 3:3</p> <p>indicate 94:1</p> <p>indicated 28:17 63:25 70:19 127:5</p> <p>indicates 114:17</p> <p>indication 64:17 88:22 101:8, 24 102:5 115:9, 15 126:20</p> <p>indications 128:3</p> <p>indicative 125:3</p> <p>indirectly 109:1</p> <p>individual 8:11 31:13 48:4 55:10</p> <p>individualized 30:19 31:1</p> <p>individually 1:3</p> <p>infarction 26:10</p> <p>inform 36:2</p> <p>information 10:5 11:7 24:22 27:24 28:18 31:11, 24 48:25 68:3 78:15 80:11, 14, 21 81:10 82:5 87:4, 19, 22, 24 88:8 90:11, 13 95:15, 20 102:10, 21, 25 103:5, 6, 10 104:2, 8, 24 105:2 106:13, 18, 23 107:7, 11, 14, 18, 23 115:3</p> <p>informational 50:2</p> <p>informing 33:4</p> <p>inherent 110:7</p> <p>inherently 108:18</p>	<p>110:4</p> <p>in-house 78:17</p> <p>initiate 56:1 58:1, 4 59:10 71:17, 22 73:9</p> <p>injuries 13:18 74:13 75:13, 14</p> <p>injury 56:10</p> <p>input 118:14, 18</p> <p>inquiry 91:24</p> <p>instance 31:14 42:19 56:8 57:1 79:7 94:17 110:4</p> <p>instruction 40:21</p> <p>insulin 23:21, 21 27:1</p> <p>integrated 84:13</p> <p>interested 130:16</p> <p>internal 12:8 56:7 94:5</p> <p>International 117:14, 17 119:16</p> <p>Internet 90:12</p> <p>internship 12:9</p> <p>interrupt 48:9</p> <p>introduce 5:14</p> <p>involve 36:22</p> <p>involved 16:21</p> <p>involvement 16:17 103:22</p> <p>involves 14:4 30:20</p> <p>involving 16:13 18:15</p> <p>issue 58:20, 22 102:10</p> <p>issues 13:10, 22 16:1 23:16, 23 24:1, 3 35:15 36:5 41:6 62:6, 10 110:23 119:17 122:11</p> <p>It'll 121:17</p> <p>its 59:17 68:15 78:15 79:7 95:16</p>	<p>103:20 104:18 107:13 116:21 117:5 119:3, 11 120:11, 15, 18, 21, 22 121:22 123:19, 24</p> <p>< J ></p> <p>Jacob 1:5 16:14 19:18 20:3 103:25 104:24 105:4, 23 106:15, 24 112:10 113:19</p> <p>January 99:2, 3, 20 100:24 101:4, 19</p> <p>JESSICA 1:3 5:5 81:18, 20 82:4 83:17 90:4</p> <p>job 30:11, 23 32:6 38:5 41:16 53:6, 18 54:7, 8 61:11, 20 62:22 70:25 113:23</p> <p>jobs 30:24 94:18</p> <p>JOHN 1:7, 19 5:4, 16 6:1 130:7</p> <p>join 66:10</p> <p>jointly 59:4</p> <p>Jones 1:25 2:21</p> <p>judgment 20:20 22:2 30:3 53:17, 22</p> <p>jump 9:21</p> <p>< K ></p> <p>keying 97:9</p> <p>kin 130:13</p> <p>Kind 12:6 22:4, 5 30:15 36:6 41:9 44:25 49:19 58:12 62:6 65:15, 17 66:17 68:7 69:5 70:23 80:24</p>
--	---	---	---

John Holland, M.D.
10/21/2019

52

<p>89:7 97:6, 9 114:2 kinds 80:11 96:22 kitchen 27:13 29:9 34:21 37:11 39:5 41:11 52:12 knew 57:20 know 7:11, 19 9:14 15:2 17:11, 15, 17 18:10, 11 19:13 20:15, 21, 25 22:4 23:10, 12 25:4, 5, 9, 10, 17, 18 26:15 27:19, 20, 24 28:17 29:18 31:12 32:1, 1, 10 33:5, 11, 24 36:1, 12, 22 37:1, 3, 3, 5, 13, 21, 22, 23 39:7, 23, 24 40:6, 8, 22 41:2, 5 42:6, 6, 10, 11, 12, 12, 13, 14, 18, 19, 25 43:19, 23, 24, 25 45:5, 9, 15, 15, 20 47:24 48:5 50:13, 23 51:12 53:19 54:1, 5 55:2, 6, 9 56:24, 25 57:1, 3, 16, 16 58:5, 6, 7, 25 59:4, 11 60:3, 5 61:2, 4 62:7, 9, 11 63:7 64:6, 21, 25 65:11 66:19, 24, 25 67:1, 25, 25 68:6, 7, 25 69:1, 2, 3, 4, 6 70:8 71:19, 24 72:24 74:8, 11, 13, 20 75:4, 13, 14, 14, 19 76:10, 10, 13, 21, 21, 22, 23 77:2, 4, 11, 19, 24 78:5, 13, 16, 19, 21, 22 79:17, 20 81:18</p>	<p>82:8, 12, 18, 22, 25 83:4, 7, 8, 13, 20 84:9 86:13 87:1, 1, 5, 8, 12, 25 88:9, 11, 15, 17, 18, 19, 25 89:2, 2, 2, 6, 10 91:12 93:11 94:20 96:5, 5, 6, 20, 21 97:4, 5, 22, 24 98:1, 2 99:9 100:3 101:3 111:3, 8 113:2, 14, 16 114:3, 3, 4, 4, 9 115:2, 5 116:5, 6, 11 117:11, 16, 20 118:1, 10, 17, 22 119:4, 5, 6, 8, 13, 15, 20, 25 120:4, 6, 13, 16, 20, 24 121:3, 4, 13 122:1, 12, 19, 20, 22, 22 123:1, 16 124:13 126:18 knowledge 16:13, 17, 20 19:1 20:3 39:24 50:8 67:9 80:17 81:16 82:6 103:15 known 116:24 knows 58:13 102:14 KVAS 2:3 < L > L.L.C 1:24 2:20 labeled 125:22 labor 72:12 lack 63:14 112:15 113:24 lacks 39:13 62:2 66:6 67:20 71:2 106:17 113:25 laid 8:16 19:15 large 72:13 125:24</p>	<p>last 21:10 49:13 72:3, 6 98:13 100:21 law 14:22 72:12 lawsuit 103:19 laying 114:16 layout 59:17 68:12 layperson 74:21 layperson's 13:5 leadership 72:7, 15 leave 7:13 18:25 40:11 42:16 69:2 71:11 left 12:14 65:25 66:1 69:19, 19 70:3, 4 88:14, 14 127:14, 15, 18 left-sided 69:22 leg 66:1, 24 69:19 70:3 87:10 88:14, 15 127:15, 18 Legal 1:24 2:20 74:8 105:9, 11, 13 121:11, 25 122:3, 6, 15 LENEAVE 2:3 Letter 4:16 level 37:10 53:19 92:10 levels 84:14 license 12:24 licensed 12:21, 23 licenses 13:1 limit 96:18 97:15 98:3 limited 28:18 limiting 96:12 line 8:15 38:3 55:14 58:13 65:19 86:17 87:12 102:11 LISA 2:19 5:11 list 25:19 47:5 93:9 124:8</p>	<p>listed 22:21 83:12 93:4 96:3 lists 49:10, 11, 18 literature 32:2, 3 litigation 80:11 little 11:6 16:7 65:11 67:4 116:18 live 11:8, 9, 16 local 56:13 location 56:19, 24 59:20 64:22 locations 109:20 116:17 locomotive 38:15 40:13 55:17, 25 56:3 57:25 58:3 59:9 locomotives 58:9 logical 59:22 logo 78:22 79:11 long 14:13 76:8 88:19 longer 88:18 look 29:22 30:16, 23 31:24 32:5 78:25 79:24 80:12 85:10 121:13 125:22 looked 11:1, 4 19:4, 10 94:25 99:12, 18 103:13 127:6 128:12 looking 28:10 31:10 32:1 37:12 48:23 49:6 66:22 93:18 95:3 100:4 101:16 102:3 108:23 113:19 looks 47:9 93:1, 3, 19 95:4 losing 32:18 loss 23:18, 18, 24 26:20, 24 27:4, 23 28:2, 15 29:13</p>
---	--	---	--

<p>30:7, 12, 14, 14 31:14 33:1, 20, 20 35:24 39:18 48:17 49:1, 18, 21 55:3 65:7 lost 36:15 37:24 38:1 74:23 lot 13:12, 20 45:1 54:24 94:10 114:7 low 94:19, 21 lower 49:6 91:4 Lux 17:24 60:10, 11 L-U-X 17:24</p> <p>< M > M.D 1:7, 20 5:4 6:1 130:7 machinery 110:5 maintained 98:1 major 23:14 128:12 making 68:15 73:4 120:4 man 112:8 management 20:9, 19 111:6, 20 113:12, 17 126:16 manager 22:23 23:4 24:13, 21, 23 28:22 29:18 33:4 40:7 55:20 56:17 59:3 64:8 72:25 88:11, 13 managers 57:4 62:7 mandatory 77:8 March 14:16 Mark 17:3, 11 55:20 98:13 100:11 MARKED 4:2, 9 7:25 8:2 9:18, 25 10:11, 14 47:12,</p>	<p>14 66:23 75:22 80:1, 4 85:5, 9 89:21, 24 91:15, 19 98:9, 11, 16, 18 100:1, 13, 16 102:4 Marvin 4:7 17:3, 11 44:20 55:21 58:13, 20 61:10, 13, 14, 16, 19 62:17, 18, 25 63:23 69:16, 22 70:10 100:20 Marvin's 101:4, 16 master 12:19 master's 84:16 material 76:9, 15 95:9 118:3 119:23 materials 79:6 114:22 118:7, 15, 19 119:2, 11, 13, 18, 22, 23, 24 120:7 121:7, 11 matter 90:20 91:1 103:22 126:2 mean 13:6, 24 15:14 16:18, 21 17:4 25:16 28:5 34:11, 19 35:15, 17 36:5, 9 37:2, 16 39:16 42:5, 11 45:1, 3 54:15 57:11 61:3 62:5, 11 64:19 66:17, 18 67:24 72:4 75:3 77:7 80:24 81:8 83:4 87:11, 23 88:7, 23 89:12, 14 96:16 97:4 99:22 101:6 111:23 114:7 115:12 119:4 124:12, 17 meaningful 21:15</p>	<p>means 62:22 102:14 meant 83:19 mechanisms 76:22 77:18 Medic 78:10 79:3 101:7 117:2, 3, 6, 10, 13, 14, 16 118:1, 11 119:12, 15, 22 120:12 121:7 123:8 Medical 4:4 7:17 11:20, 22, 23 12:7, 10, 22 13:15 14:2, 3, 12, 15, 19, 21 15:3, 6, 8, 8, 9, 11, 15, 17 21:7, 8, 9, 11, 25 22:3, 12, 14, 20, 20, 24 23:6, 9 24:17, 19, 25 25:1, 11 28:22 29:19 30:2, 20 31:19 32:2, 3 33:7, 9, 12, 15 34:1, 10, 13, 15, 18 35:1, 9 36:1, 18 40:17 41:5 42:16 45:8, 13, 17 47:22, 25 48:4, 25 49:2, 9, 25 50:1, 3, 13, 17, 23 51:10 52:4, 10, 14, 18, 24 55:5, 8 56:1, 9 63:12 64:1, 13 68:21 71:10, 19 72:2, 8, 16, 17, 18, 19, 22 73:1, 13 75:15, 16 80:25 82:19, 23 83:2, 3, 25 84:15 87:18 96:23 97:1, 1 99:5, 11, 13, 18, 22 102:9 107:4, 4, 12, 17, 25 108:1, 5, 12, 13, 16 109:2 110:11, 22 111:4,</p>	<p>12, 14, 23 113:9, 11 114:19, 22 115:10, 15 116:20, 24 119:16 120:18, 22 127:2, 24 medically 22:10 126:21 medication 126:12 Medicine 11:24 12:8, 15, 19 13:3, 4, 7, 13 14:1 29:25, 25 49:20 81:4 108:22 MEDRT 99:4 M-E-D-R-T 99:4 meetings 76:23 77:15, 16, 16 meets 76:24 mental 10:5, 23 30:15 64:21 65:10, 15 70:23 71:7, 12 128:11 mention 25:7 95:10 mentioned 15:4, 5 31:5 50:10 56:19 57:19 66:13 76:17 77:9 78:14 87:5, 8, 14 90:5 95:5 114:3 120:10, 13 124:10 method 78:3 MICHAEL 2:12 5:21 115:22 michael.cohen@qp wblaw.com 2:15 middle 40:5 54:24 Mike 18:3 Mike's 105:11 mind 28:20 29:6 35:9 37:9 38:22 45:23 48:21 69:24 73:21 113:6 115:24</p>
--	---	--	--

124:23 125:11 minimum 111:8 Minnesota 2:4 minutes 35:6 90:20 91:1 126:2 misstates 66:6, 8 67:21 mobile 110:5 modify 99:21 moment 18:18 37:12, 12 86:9 morning 6:6 11:1 19:6 21:18 27:7 34:21 39:19 52:12 move 38:3 69:19 70:3 moving 88:14 110:7 multi-day 76:23 77:16 multiple 31:16, 16 mumbling 64:24 myocardial 26:10 < N > name 5:11 17:16, 23, 25 18:5 79:1 115:21 123:3 names 16:24 narrow 112:19 narrowly 114:14 National 108:24 117:11 nature 109:19 110:1, 1 nearby 38:7 Nebraska 1:22, 25 2:21 11:24, 25 130:2, 5 necessarily 54:11 71:11 87:13 97:15 124:17 125:2, 11	need 7:10 23:5 24:13 28:23 31:21, 23 34:2, 23 37:18 40:4 41:12 42:16, 16 43:12 45:7, 8 50:9 51:15 53:16 60:6 91:4 109:13 needed 38:23, 24 41:24 43:4 needs 36:3 126:17 neglected 107:19 Neil 4:5 17:16 neurological 23:17 26:19, 25 48:17 49:1 52:22 64:15 new 87:14, 18 98:13 night 44:14 58:15 62:22 102:23 114:17 NO 1:3 4:2 8:7, 19 9:3, 9, 10, 15 16:16 17:7, 10, 22 18:16 21:16 22:7 33:24 34:22, 22 37:19 50:12, 24 54:7, 7 59:18 61:24, 24 62:12 70:24, 24 71:24 74:8 82:21, 25 85:13 88:18 89:8, 19 91:21 96:25 97:18 101:20 102:7, 22 103:1, 17 105:2, 19 107:2, 8, 14, 18, 23 112:15, 17, 23 117:19 119:19 120:9, 13 122:3 124:9, 19, 25 125:7, 13, 21 127:8 nodding 6:17 nonagreement 51:23	nonresponsive 27:16 nonspecific 66:17, 21 67:5 68:7 69:3 88:23 124:12 Norma 38:7, 15, 17 41:17 58:14 61:12, 13 62:20 normal 64:25 North 2:8 Notary 1:21 130:5, 21 note 83:6 notes 94:4 127:16 Notice 4:3 8:10 73:16 112:8 noticed 38:19 notifications 29:1 notify 20:25 22:23, 24 23:4, 6 24:13, 16, 24 28:21, 22 29:18, 19 83:1 notifying 24:21 notwithstanding 44:16 November 4:16 130:18 number 6:9 16:24 27:2 48:11 93:4 106:4, 5 109:2 119:20 numbered 80:13 numbness 65:2 nurse 81:21, 22 83:5, 9, 23 84:16 90:5 nurses 72:10 84:5, 6 nursing 84:17 nuts 24:20 < O > Oaks 2:3	object 9:4 35:11 60:21 93:8 Objection 39:13 42:2 43:14 60:20 62:1 63:13 66:5, 11 67:20 68:22 71:2 86:21 87:20 88:5 93:25 102:13 104:3 105:6 106:11 108:7 109:22 110:24 112:1 113:24 114:20 117:22 121:24 objectionable 66:8 67:22 114:1 115:1 objections 66:11 objective 68:25 obligation 50:12, 22 observation 66:3 observations 39:1 60:17 67:13 107:5 observe 39:24 41:18 55:18 60:25 observed 67:6 127:11 observes 60:12 69:22 observing 27:14 41:22 obstructive 23:24 obtain 107:4 obtained 78:18 occasion 85:10 occupational 12:15, 19 13:2, 7, 13, 25 29:25 81:22 83:5, 8 84:17 90:5 occur 22:22
--	--	---	--

John Holland, M.D.
10/21/2019

55

<p>occurred 118:9 occurrence 70:5 occurring 93:20 o'clock 38:4 44:13, 15 53:10 55:15 59:13 October 1:22 5:9 odd 43:9 off 18:18, 20, 21 20:13 22:24 23:13 24:18 29:2, 15 33:3, 23 34:25 40:25 46:3 47:9 55:16 61:5 69:20 84:24 91:14 97:9 128:22 offer 77:19 117:8 offered 77:12, 23 78:1 101:25 offers 67:15 office 56:20 68:16 officer 7:18 14:12, 15, 19 15:3, 8, 9, 11, 17 102:9 123:1, 4 127:24 offices 1:23 5:8 officially 127:7 Oh 47:7 79:3 Okay 6:25 7:23 8:20 9:1, 11, 17 10:10, 19 11:5, 15 12:21 13:24 14:7 15:4, 13 16:3, 20 17:7, 14, 23 18:3, 7, 12, 17 19:12 21:14, 17 22:11, 17 23:15 24:5 25:15, 18 26:17 28:3, 17 29:4, 24 32:16 34:19 35:23 36:12, 21 38:3 40:12 41:8, 12, 21 42:1 43:18 44:9, 10 45:22 46:1 48:8 49:15,</p>	<p>22 50:16 51:17 52:8 53:3, 6 55:14 56:18 57:22 58:12 59:12, 19 61:15, 18, 20, 20 62:14 63:8 64:13 66:12 67:6 68:9 69:9 70:10, 22 71:15, 21 72:1, 17 73:14 76:8 77:25 78:20 79:6, 18, 24 81:6 82:4, 10, 13 83:8 84:2, 11, 18, 22 87:17 88:3 89:6, 13, 20 92:9, 14, 22 94:24 96:9 97:12, 16 98:5, 8, 25 99:25 100:4 101:16, 21 102:8 103:11, 18 104:9 105:3 106:8 107:10, 15, 24 108:2, 8 110:20 111:19 112:24 115:2, 17 116:1, 9, 18 117:13, 20 118:7, 14 119:15 120:3, 10, 16, 21 121:6, 10, 15, 22, 25 122:9, 20 123:21 124:16, 20 125:9 126:5 OLSEN 2:19 5:11 Omaha 1:25 2:21 11:10, 25 56:20 Once 18:9 72:17, 21 106:20 on-site 96:7 on-track 110:6 open 28:4, 10 operate 39:11 operating 40:13, 14 45:1, 20 71:20</p>	<p>72:12 110:5 125:2, 9, 10 operation 109:25 operational 41:4 operations 15:25 19:17 57:7, 8 74:15 77:20, 21 80:18, 23 81:11, 14 105:22 111:16 opinion 106:5 113:18 122:14, 15 opposed 6:16 74:5 option 31:23 orders 128:24 ordinary 39:9 Oregon 12:13, 24 organization 57:2 78:7 organizations 117:8 oriented 59:23 ourself 30:22 outside 78:19, 23 114:16 overall 77:10 overlooked 41:9 overrule 41:24 53:21 oversight 83:9 overview 24:5 < P > P.A 2:3, 13 p.m 21:24 44:14 46:2, 4 47:1, 3 55:15 84:23, 25 85:1, 3 128:20 129:4 pace 93:3 PACIFIC 1:8, 11 2:8 4:4 5:6, 20 7:18 8:24 12:9 14:10, 11, 14, 17 15:12, 18 21:7 41:4 47:22, 25</p>	<p>48:3 71:17 72:5 74:1 80:19, 21 81:22 83:24 94:5 111:6 113:15 116:12, 14 118:16 119:5, 9, 18, 23 120:11, 14, 21 123:12, 18 Pacific's 104:4 116:20 117:18 pack 125:20 packet 123:8 Page 3:2, 2, 3, 3, 4, 4, 6, 8, 9 8:14 23:13 49:5, 8, 13, 16, 16, 17 50:21 79:1, 11 80:12 85:16, 19, 21, 22 90:8 91:3 95:6, 8, 8, 11, 12, 12 96:9, 10 99:1 100:21, 23 121:16, 17 123:7 124:1 125:22 127:11, 16, 19 pages 48:4, 6 49:11, 12, 12 130:10 pain 23:3 pains 25:23, 24 Paragraph 80:13, 14 83:16 86:6, 10, 14, 19 90:19 96:10 125:25 parallel 84:14 paralysis 65:3 part 22:20 29:18 33:10 35:12 45:3 65:1, 3 77:15 109:18, 18 111:4 120:1 participate 73:11 84:7 participation 77:12</p>
---	--	---	---

<p>particular 31:12 48:16 49:5 60:5 81:15 82:16 86:5 88:3 90:7 92:1 110:22 111:23 113:15 particularly 13:10 23:24 48:8 116:16 parties 47:1 85:1 130:14 partly 110:1, 10, 12 parts 48:7 54:4 73:3 PARTY 1:14 passed 56:9 pasted 90:13 Patient 85:17, 24 127:17 patient's 87:2 PAUL 2:2 5:16, 17 48:9 pause 6:22 pbanker@hlklaw.c om 2:4 PDF 129:3 people 13:15 17:1 20:17 22:5 41:18 44:23 52:17 53:7 54:8, 21 59:21 61:2, 3 65:22, 24 66:18 67:6, 10 70:25 72:11, 11 74:22, 22, 23, 23 75:6 78:6 94:8 96:8 102:23 109:21 113:22 percentage 92:21 94:19 perform 77:25 performed 31:7 period 94:13</p>	<p>126:19 periodically 76:13 permanent 11:13 person 30:8 32:7 33:2 37:22, 25 45:18 50:19 65:13 68:1, 8 71:22 120:6 125:1 128:7, 7, 8 Personal 1:4 16:9, 11, 12, 17, 17, 20 19:1 103:15 127:3 personally 16:21 persons 104:1 105:1, 5 106:16, 25 120:7 person's 22:13 30:3 127:2 perspective 13:6 33:25 60:16 67:18 111:22 pertaining 10:5 19:19 81:14 105:24 112:11 pertinent 113:5 ph 118:8 phones 58:3, 9 phrase 124:11 physical 22:2 30:14 31:13 56:19 59:17 64:21 65:2 85:22 128:11 physically 20:22 21:13 22:9 40:22 53:16, 18 54:8 103:2 picture 77:10 86:16 101:17 place 21:8 27:4 33:16 PLAINTIFF 1:6, 14 2:2 5:18 120:25</p>	<p>plan 122:18, 21 123:13, 15, 18 plans 107:20 122:18 123:10 plant 38:7 plausible 36:24 37:4 play 53:19 74:14 played 103:2 playing 82:17 please 5:14 112:19 plus 101:14 PMK 105:11 112:8 point 7:11 8:13 33:25 34:24 36:14 37:9 38:22 41:10 44:12, 19 47:21 59:12 60:9 61:22 62:25 63:25 71:21 95:22 99:13, 24 118:24 points 102:20 policies 15:21 16:2 19:17 41:4, 4 58:7, 8, 8, 22 73:17 80:17, 23 81:7, 9, 13 105:22 111:5, 10 112:9 113:12 114:5 119:10 policy 21:4 40:12, 16, 17 44:21 58:2, 25 59:8 61:21 62:12 63:4 64:1 71:15 73:23 81:3 84:7 114:10 pop 52:18 population 92:15, 19 porta 67:7 portable 59:21</p>	<p>65:23 Portland 12:13, 16 pose 30:4 108:17 109:9 poses 110:14 posing 108:21 position 16:4 120:6 positioned 103:3 positions 15:23 108:2 possible 17:12 26:13 36:9 118:18, 21 124:20 possibly 64:18 postgraduate 12:11, 12 posture 33:22 potty 67:7 Power 47:20 99:13, 23 powerful 126:7 practical 13:12 14:5 practice 12:15 precise 32:23 52:3 precisely 56:25 preferred 78:2 prefix 49:7 preparation 11:2 18:13 19:7 121:7 prepare 8:22 9:2 79:6 prepared 122:7 present 15:18 47:1 85:1 111:23 127:21 presented 103:7 115:3, 5, 6 presents 111:25 presumably 49:24 presume 24:21 pretty 66:20 67:4 69:3 74:16 94:19,</p>
--	---	---	---

<p>21</p> <p>prevent 49:20</p> <p>Preventive 13:3, 13</p> <p>PREVIOUSLY</p> <p>4:9 7:15 8:18</p> <p>9:18, 24 10:11, 14</p> <p>65:14 70:6 80:1,</p> <p>4 85:5, 9 89:21,</p> <p>24 91:15, 18 98:8,</p> <p>11 100:16</p> <p>PRIETO 2:13</p> <p>primarily 23:1</p> <p>primary 25:5, 12</p> <p>principal 15:19</p> <p>principle 22:17,</p> <p>18 109:16 110:10</p> <p>principles 53:15</p> <p>prior 9:19 10:12</p> <p>16:18 18:12</p> <p>40:10 71:4 80:2</p> <p>85:6 89:22 91:16,</p> <p>24 115:7 127:12</p> <p>probably 6:9</p> <p>7:16, 20 9:10</p> <p>48:6 69:10 92:12</p> <p>101:14</p> <p>problems 32:4</p> <p>43:21</p> <p>procedure 44:21,</p> <p>24 58:2 59:1, 8</p> <p>61:21 63:4 64:1</p> <p>71:16 84:8</p> <p>113:21</p> <p>procedures 15:22</p> <p>19:17 26:14</p> <p>58:22 73:17</p> <p>80:17, 23 81:10,</p> <p>13 105:23 111:8</p> <p>112:10</p> <p>proceeded 55:17</p> <p>proceedings 5:1</p> <p>47:2 85:2</p> <p>proceeds 44:11</p> <p>process 6:12</p> <p>32:11, 14 33:2</p>	<p>34:16 73:10</p> <p>117:20 118:5, 9,</p> <p>12 120:1</p> <p>produced 10:2, 21</p> <p>80:10 91:23</p> <p>PROFESSIONAL</p> <p>1:16 5:22 12:25</p> <p>115:22, 25</p> <p>program 111:16</p> <p>116:24 117:18, 21</p> <p>programs 14:25</p> <p>77:8 111:5, 11</p> <p>proper 71:22</p> <p>96:21</p> <p>properly 66:1</p> <p>107:11</p> <p>proposals 118:12</p> <p>proposed 63:18</p> <p>protect 109:14</p> <p>protestations 58:18</p> <p>protocol 32:22</p> <p>33:6 44:24</p> <p>125:25 126:16</p> <p>protocols 107:16</p> <p>provide 20:4</p> <p>43:1 45:21 52:15</p> <p>69:13 74:9 79:10</p> <p>80:11 86:15 87:4</p> <p>88:8 103:24</p> <p>104:24 106:14, 24</p> <p>107:4, 20 116:8,</p> <p>15 118:3 120:15,</p> <p>18 121:22 122:4,</p> <p>13</p> <p>provided 28:18</p> <p>78:21 105:3</p> <p>118:15 119:3, 11,</p> <p>18 121:3</p> <p>providers 30:21</p> <p>provides 40:14</p> <p>61:22 71:16</p> <p>95:16 116:20</p> <p>123:24</p> <p>psychiatry 12:12</p>	<p>PTI 59:14, 24</p> <p>60:1, 10, 10 68:10,</p> <p>14 69:9, 11</p> <p>103:18, 21, 24</p> <p>104:24 106:14, 23</p> <p>107:3, 11, 15, 19</p> <p>114:16 115:25</p> <p>116:4, 12, 13</p> <p>121:2 122:10, 12</p> <p>PTI's 103:21</p> <p>Public 1:21 12:20</p> <p>74:17 130:5, 21</p> <p>Puiallup 11:17</p> <p>P-U-I-A-L-L-U-P</p> <p>11:19</p> <p>pull 48:3</p> <p>purpose 110:17</p> <p>put 26:8, 23 27:4</p> <p>30:25 32:8 72:7</p> <p>78:8, 22 79:11</p> <p>100:9</p> <p>puts 79:7</p> <p>putting 44:7</p> <p>PXD6 100:24</p> <p>< Q ></p> <p>question 6:22 7:2,</p> <p>5, 7 19:22 25:25</p> <p>44:1 45:1 51:9,</p> <p>13 52:2 60:22</p> <p>62:15 63:19 77:7</p> <p>80:24 89:10 90:7,</p> <p>18 93:15 94:24</p> <p>95:1 100:9 102:1,</p> <p>3 104:23 105:7</p> <p>106:3, 11, 18, 20</p> <p>107:6 108:9</p> <p>112:20, 22 113:3</p> <p>114:3, 24 116:10</p> <p>122:7 123:11</p> <p>127:22</p> <p>questioned 44:23</p> <p>questioning 113:23</p> <p>questions 20:6</p> <p>25:21 50:9 83:17</p>	<p>103:23 115:18</p> <p>125:15 128:17</p> <p>QUINTAIROS</p> <p>2:13</p> <p>quite 59:3 102:15</p> <p>108:9 116:19</p> <p>< R ></p> <p>radio 38:24 39:6,</p> <p>11 41:23 42:5, 21</p> <p>43:5, 6, 11 56:4,</p> <p>16 57:18 60:18</p> <p>rail 109:4 110:3</p> <p>railcars 38:6</p> <p>RAILROAD 1:8,</p> <p>11 2:8 5:6 7:18</p> <p>14:10, 11, 14</p> <p>15:12, 18 19:16,</p> <p>17 80:18, 23</p> <p>81:10, 10, 14</p> <p>105:22 109:7</p> <p>railroads 109:1</p> <p>Railroad's 105:22</p> <p>raise 44:19 58:20</p> <p>rapid 64:20 96:11</p> <p>rate 93:20 94:21</p> <p>reach 25:17</p> <p>reaction 23:21</p> <p>27:2</p> <p>read 23:13 26:7</p> <p>86:9 90:22 96:8</p> <p>101:6 104:11, 19</p> <p>105:20 114:22</p> <p>123:14</p> <p>reading 19:22</p> <p>86:12, 15</p> <p>ready 21:21</p> <p>real 65:10</p> <p>really 22:14</p> <p>31:10 36:24</p> <p>38:13 66:22, 23</p> <p>68:25 72:22</p> <p>73:12 75:20</p> <p>84:12 87:1 88:23</p> <p>96:17 111:4</p>
--	---	---	--

113:17 122:22 127:14, 18 reason 56:23 70:22 83:1 93:6, 22 107:25 119:1 reasonable 45:18 55:9 59:2, 3, 6 64:4, 11 69:3 103:25 104:25 105:4 106:15, 25 114:8 reasonably 107:16 reasons 42:9 126:22 127:4 recall 16:16 17:25 18:5, 6, 9 92:8 95:19 116:21 120:1 121:14 receive 51:1 79:15 received 11:23 12:19 20:9 21:19 27:10 100:6 101:18, 24 102:6 receiving 27:12 90:11 Recess 46:4 84:25 recognition 73:19 96:11 recognize 10:7 16:25 98:22 107:3 recognized 14:3 recognizing 107:12 recollection 18:16 43:4 52:21 recommend 109:6 recommendations 108:25 record 5:15 6:21, 25 18:18, 20, 21, 23 46:3 47:4, 18 50:19 79:14 84:24 85:4 86:15 127:7 128:22	records 30:20 31:19 34:1 85:11, 16 102:19 114:23 127:6, 9 recurrence 34:7 recurrent 30:12 32:4, 4 red 32:21 117:12 reduced 130:8 refer 52:19 96:8 115:24 116:25 referenced 9:22 referred 126:1 referring 75:21 90:23 refresh 52:21 regarding 16:13 19:1, 4 40:12 55:12 58:2 73:18, 23 80:22 90:7 103:21 107:12, 17 116:19 121:23 123:23, 23, 25 127:22 regardless 20:16 37:10 regular 20:18 regulation 122:3 regulations 30:1 74:9 111:7, 11 114:5 120:14, 17 122:12 related 10:23 13:9, 9 17:4, 8 19:11 23:20, 23, 25 24:1, 3 26:15 34:20 36:7 88:24 relates 81:13 90:15 relating 17:8 41:9 108:1 relation 121:2 relations 72:12 relationship	116:11 relative 103:4 relevance 112:3 113:16 relevancy 111:25 relevant 31:11 40:20 81:3 112:19 remained 28:3 remember 57:21, 23 112:22 124:13 reminder 6:16 remoteness 109:21 render 104:1 105:1, 5 106:16, 25 reorient 16:7 repeatedly 114:25 rephrase 118:25 report 21:13, 20 22:10 31:20 36:2 40:6, 22 49:17 50:6 51:15 85:18, 24 86:4 98:23 109:8 reportable 22:19, 22 23:11 24:8, 25 25:19 28:20, 25 32:22, 24 33:6 34:25 35:9, 21, 25 36:10, 18 39:4, 20 40:10, 24 48:16 49:2, 13 50:5 52:23 73:6 108:1, 13 109:17, 23 110:17 111:2 reported 22:11 88:13 89:4 93:21 REPORTER 3:4 5:13 6:14 128:23 Reporters 1:24 2:20 5:8, 12 reporting 20:17 25:6, 14 73:6 87:3	represent 8:9 9:8, 25 10:19 80:9 85:14 90:3 91:22 115:22 Representative 1:4 8:12 16:10 19:14 representatives 72:9 represented 63:15 representing 99:9 represents 128:13 request 105:11 Requests 128:23 require 29:1, 14 31:19 33:2 34:16 109:7 120:14, 21 122:12 124:24 125:11 required 25:3 51:5, 6, 10, 14, 15 52:1, 4, 5 74:3, 6 79:21, 23 95:23 120:11 requirement 74:8 requirements 13:17 requires 24:14 120:17 122:3 requiring 107:5 residency 12:14, 18 resident 11:13 12:12 resolve 61:25 resource 77:5 resources 15:16 respond 27:17 50:9 responders 56:13 87:24 107:22 responding 16:2 28:11 responds 56:22 response 28:12 29:12 55:3 56:1,
--	--	---	---

<p>6, 7, 12, 18, 21 57:2, 4, 6, 9, 21 58:1, 4 63:12 73:19 85:12 91:24 105:10, 13 107:21 114:19 responsibilities 15:19 73:8, 10 84:2 responsibility 22:9 54:21 55:10 72:22, 23, 24, 25 73:2 83:10 responsible 21:12 72:1, 19 73:4, 6 109:4 responsive 37:18 rest 110:20 111:8, 12 resting 110:22 113:3 restrictions 31:3 32:8 109:14 resulting 30:9 results 126:12 resuscitation 75:9 return 23:8 29:16 30:5 31:2 59:13 returned 55:16 review 50:1 76:15 118:7, 12 121:6 reviewed 8:24 10:8 19:7 118:2 reviewing 14:25 revised 72:3, 6 revision 21:10 revisions 119:9 rhythms 111:22 113:4, 17 right 24:6 40:6 45:6 53:11 85:23 86:11 91:4 97:14 98:7 106:2 116:3 121:18 123:7, 17,</p>	<p>21 124:2, 8 125:25 129:2 right-hand 49:7 85:21 risk 30:5, 12 32:4 108:17, 21 109:15 110:15 risks 108:18 109:9 RMCC 57:17, 19, 19 roles 72:23, 24, 25 Room 2:8 23:3 26:12 31:17 37:18 94:9 roughly 68:14 route 68:17 RPR 1:20 130:4, 20 rubric 106:4 Rule 4:10 40:17 53:20 54:12 71:23, 25 108:12 Rules 4:4 21:7, 8, 9, 11, 25 22:3, 12, 14, 20, 21 23:9 25:1, 11 33:7, 9, 12, 15 34:16, 18 36:1 41:6 43:16 45:2, 20 47:22, 25 48:4, 25 49:9, 25 50:1, 3, 13, 17, 23 51:10 52:5, 11, 14, 18, 24 53:12 55:8 71:19, 20 72:2, 18, 20, 22 73:12, 13 80:25 81:4 99:5, 11, 13, 19, 22 108:1 109:7 111:4, 13 113:9, 11 run 58:15 < S ></p>	<p>safe 23:8 29:16 32:9 34:14 54:19 74:16 107:16 safely 20:22 22:3 32:7 safer 13:21 safety 13:15, 23 15:23, 25, 25 16:4 25:2, 12 30:5, 6, 11, 24 34:4 43:10, 16 51:19 72:10, 11 76:14, 23, 23 77:14, 15, 16 94:18 108:2, 5, 18, 19, 21, 24 109:15 110:15 117:11 122:24, 25 123:3 sake 27:9 salient 87:17 113:5 San 12:9 sand 38:7 saying 6:17 22:1 32:17 40:1 41:25 44:22 53:14 54:9, 10 71:9 86:13 93:19 99:17 119:7 says 21:11 41:16 44:9, 17 49:16, 17, 17 50:14, 22, 22 51:1 53:6 54:6 61:17, 19, 24 62:19 67:16 70:24 78:24 80:16 85:24 90:19 91:4 96:10 101:7 124:6 126:6, 11 scenario 29:22 39:2, 11, 17 40:15, 20 60:16 68:21 69:24 70:20 81:15 86:16</p>	<p>scenarios 115:6 scene 89:4 scheduling 111:3 school 11:22 Sciences 12:13 Screen 4:15 10:20, 22 49:9 seal 130:18 search 52:17 seat 60:13, 19 61:4 125:2, 9, 10 second 12:11 37:25 60:24 73:16 79:1 91:3 96:10 99:1 100:21 seconds 27:15 28:8 29:11 32:20 section 85:17 86:6 121:10 sections 123:14 see 8:15 9:5, 12 16:25 19:21, 22 31:16 32:11 64:19, 20 65:24 69:12 76:15 79:13 85:25 90:21, 23 91:7 95:14 97:8, 20 98:9 99:7 101:1, 17, 23 102:5 104:20 113:14 115:8, 12 121:19 124:6 126:3, 6, 9 127:9 seeing 45:13 68:2 seek 42:16 seeking 114:18 seen 8:3, 18 9:8 87:6 91:19 98:19 seizure 26:22 27:22 49:17, 19 52:22 109:11</p>
--	---	--	---

seizures 23:18 26:19 48:17 49:1, 20 select 119:24 120:8 selected 119:16 selecting 120:2 send 58:14 62:20, 21 sense 45:4, 10 53:19 54:15, 25 55:13 59:22 62:9 92:9, 17 109:20 114:8 sensitive 108:2, 5 sent 118:7 sentence 91:3 126:11 sentences 126:5 serious 26:16 service 20:10, 19 60:4 62:23 81:23, 25 90:6 services 14:21 15:6, 9, 15 22:24 23:6 24:17, 19, 25 28:23 29:19 60:4 72:8, 16, 18 73:1 75:16 79:10 82:19, 23 83:2, 24, 25 115:10, 16 116:7, 15 124:24 125:12 set 20:4 26:17 72:18 sets 21:18 Setting 102:8 110:3 113:10 settings 77:1 settled 72:18 seven 49:11 seventh 85:16, 22 severe 23:22 shake 33:23 34:25	shanty 59:21, 25 60:11 61:14, 17 62:16 65:21 67:14 shift 19:13 20:18 40:5 41:3 44:14 73:16 shifts 111:9 shoes 105:12 short 84:19 shorthand 130:7 shortly 69:17 shot 49:9 Shots 4:15 10:20, 22 47:20 should 29:2 35:18 36:2, 2 64:9 97:5, 23, 25 104:5 105:7 111:15 114:18 127:25 128:5 shouldn't 64:10 should've 89:9 show 8:2 9:21, 23 10:10 79:25 85:8 100:10 124:4 showing 9:24 10:14 47:14 80:4 91:18 98:8, 18 100:19 125:20 sick 38:20 45:7 58:19 63:1 sicker 62:19 sickness 22:5 side 65:4, 25 70:4 sign 33:13 75:6 77:3 signature 8:15 130:18 significance 88:4 significant 23:2 67:11, 12 108:18, 21 109:4, 9 110:15 128:13 signs 74:24 124:4	similar 92:19 104:1 105:1, 5 106:16 107:1 single 32:15 sit 119:7 site 116:16 sitting 57:13 89:6 105:12 106:13 situation 22:12 37:5 43:19 54:6, 13, 17, 17 55:8, 12, 21 114:6, 9 115:13 situations 16:2 36:6 six 48:6 sleep 23:23, 24 111:3, 12 112:15 113:17 sleeping 110:22 slides 47:21 99:13 so-called 126:22 somebody 36:25 45:12 54:25 67:3 69:6 71:9 75:16 124:16, 20 someone's 26:22 91:11 sooner 91:12 sorry 48:9 sort 16:6 19:25 21:18 50:19 51:8 54:16 59:4 60:24 64:23 65:9 78:3 84:12 86:4 111:10 116:9 118:18 122:25 126:16 sound 64:25 70:4, 7 sounds 20:2 31:7 59:6, 6 64:10, 24 South 2:13 speak 41:5 80:25 122:2 127:20	speaking 126:22 speaks 71:25 specialist 5:12 Specialties 14:4 31:17 specific 13:17 16:2 22:15 23:12 26:8 48:25 49:12 50:4 54:17 62:12, 15 65:10 69:7 77:18 89:16 92:8 95:1 114:5, 10 124:11 specifically 51:13 53:20 59:1 95:4 108:25 111:15 123:25 specificity 45:21 specifies 71:23 speculation 36:19, 23 39:14 43:15 82:7 88:6 118:20 speech 64:23 spell 11:18 spent 48:15 73:14 spoken 82:10 127:14 Spouse 1:4 Spreadsheet 4:10 ss 130:2 staff 78:6, 10 staffing 62:24 stage 20:4 21:18 stamp 48:11 95:12 99:2 stamped 90:8 95:11 100:17, 22 stand 88:18 standard 79:12 126:16 standing 37:11 standpoint 64:1 83:3 113:5 stands 86:7
---	--	---	---

<p>106:11 staring 43:5 Starkey 1:20 5:13 130:4, 20 start 59:14 started 44:14 47:23 72:4 starting 41:10 47:16 95:7 126:13 starts 21:23 49:7 86:6 90:20 126:1 State 1:21 11:9, 14, 15 12:22 70:24 71:7, 12 130:2, 5 stated 86:14 87:6, 9 127:17 statement 22:7, 8 67:25 71:13 90:25 91:9 96:14 126:14 STATES 1:1 stating 39:25 stations 38:24 status 10:5, 23 stay 22:24 24:18 29:2, 15 40:25 staying 33:3 step 44:5 55:19 Stephen 4:7 steps 43:1 stole 120:25 stop 68:18 stopped 105:7 story 33:20 35:9 41:9 Street 1:25 2:21 strike 104:5 stroke 10:24 18:15 64:18, 19, 23 67:17 70:9 73:19 89:7, 10, 11, 15 90:20 91:1, 11 93:10 94:2, 9, 10</p>	<p>95:4, 10 96:3, 20 97:2, 7, 22 98:3 124:11, 18, 21 125:3 126:2, 7, 16, 20, 25 strokes 10:6 64:14 88:24 90:13 91:25 92:6, 16 93:12, 12, 24 94:14 95:16 96:16, 17, 23 97:11, 13 123:25 126:24 struck 43:9 student 10:3, 17 11:2 19:8 90:17 95:1, 6, 17, 18 96:4, 4, 9 study 48:20, 24 49:23 stumble 65:24 66:18 68:2 stumbling 66:14 67:3, 7 Subarachnoid 88:25 subbox 49:19 subcategory 49:2 subdepartment 15:16 subject 18:25 79:19 105:21 112:17 subjects 105:16, 17, 20 subsection 121:19 subtle 41:1 65:11 subtract 35:8 sudden 30:13, 14 32:4 55:2, 2 64:20 70:5 95:5 108:16, 17, 20 109:3, 10 110:12, 14 128:8, 11, 11</p>	<p>suddenly 36:25 37:22 65:13, 14 88:16, 18 124:5 suffered 94:2 Suffice 92:22 123:17 Suite 2:3 summarize 32:13 supervisor 20:25 25:8, 8 36:3 44:20 45:16 55:6 Supplemental 4:10 supportive 98:1 supposed 20:24 22:23 23:3 24:12, 13, 16, 17 54:19 sure 7:19 9:15 10:18 15:5 19:23 21:12 25:13 26:2, 3 29:8 33:17 34:13 36:8 39:22 42:24 43:20 44:3 45:25 47:7 48:22 53:25 54:3 57:12, 12, 15 60:8 63:21 68:5 71:20 73:5 76:25 77:6, 6, 9, 17 81:2, 12 84:21 88:7 90:24 93:17 94:4 96:6, 8 102:2, 14, 16, 18 103:8, 14 106:22 108:9, 11 113:1, 15 121:14, 17 survival 96:13 suspected 93:12 Swentik 18:3 S-W-E-N-T-I-K 18:4 switch 11:5 sworn 6:2 symptom 126:13 symptoms 88:4 94:9 127:10, 13, 20</p>	<p>system 20:10 56:22 < T > table 10:4 95:3, 9 tack 47:8 tahayden@up.com 2:9 take 6:11 7:10 16:8 31:24 43:1 44:5 45:23 64:13 65:17, 18 68:11 84:19 86:9 102:9, 10 taken 1:20 5:4 6:7 94:4, 8 130:7 takes 50:16, 19 talk 6:21 19:14 41:15 47:23 55:21 57:17 59:3 61:13 72:23 73:13 88:14 94:7 122:17 talked 16:18 17:13 19:2 27:18 37:15, 16 40:16 41:6 73:4 75:3 80:20, 22 81:16 82:13 89:12 99:11 101:10 116:18 talking 9:14 18:6, 9, 12 28:11 35:4 41:10 48:15 53:5, 9, 12 62:17 65:22 66:4 73:15 74:20 119:12 talks 41:14 61:16 99:21 task 110:13 113:10 taught 51:3 team 84:13 tell 25:25 47:19 48:10 52:17 70:1</p>
--	--	--	--

<p>88:10 100:5 121:16 telling 38:1 tells 49:9 50:2 ten 27:15 29:10 32:19 tend 124:4 term 21:14 29:24 51:20 65:9 124:11 terminal 60:6 88:12 116:17 terms 15:1, 25 19:6 25:12 35:9 43:24 44:21 58:22 60:16 63:11, 13 66:4 67:12 68:21 84:13 86:17 87:11 93:23 110:21 113:9 test 49:25 50:7 tested 33:8 49:25 testified 6:3 20:5 79:19 86:18 90:10 114:20 117:23 testify 8:17 testifying 112:18 TESTIMONY 3:4 11:1 21:17 27:6, 9 28:9, 19 36:13 52:13 66:6, 8 67:21 70:17 95:21 123:12 130:6, 11 tests 31:16 text 8:14 47:21 48:7 Thank 8:5 46:1 48:13 76:2 80:6, 7 128:14, 19 Thanks 8:6 84:22 90:1 thereof 130:16</p>	<p>thing 25:5, 12 64:4 66:21 69:4 74:10, 16 87:9 88:21 98:7 122:2 things 22:16 23:1, 20 24:12 27:2 30:16 31:5 37:20 40:19 42:10, 20, 20 43:22 45:11 50:4 51:21 53:24 54:24 75:2, 18 86:13 87:11, 14 103:3 128:10 think 9:14 19:12 25:16, 23 28:9, 14, 14 33:14, 14 34:11 35:12, 14, 18 36:9, 10, 24 37:2, 4, 4, 20 38:2, 13 39:25 40:3 43:24 45:3, 9, 16, 17 54:18, 23, 23, 25 55:3, 7, 7, 7, 11, 12 56:15 57:5, 11, 11 60:13 61:1, 1, 3, 11, 11 62:5, 5, 5, 8 63:17 64:3, 8, 10, 11 65:12 66:19 67:4, 17 68:6, 12, 24 69:1, 5 70:18 74:10, 15, 16, 18, 21 78:11 79:8 81:5 84:12 91:10 96:19 97:1, 1 114:7, 21 120:10 122:6, 24 123:5 125:4, 16 126:1 128:2 thinking 29:17 107:25 113:4 thinks 39:6, 8 61:10 THIRD 1:13 29:17 90:8 thirdhand 60:24</p>	<p>THIRD-PARTY 1:17 2:12 5:22 103:19 104:11 Thomas 1:23, 23 2:7, 20, 20 5:8, 8, 12, 12, 19 thought 34:24 38:12, 20 47:17 97:10 three 24:12 125:17 126:13, 18, 19 127:11, 21 throwing 35:16 throws 35:7 thunder 121:1 ties 112:5, 7 time 5:9 18:19, 22 22:13 38:3 42:11, 15 46:2 47:3 48:15 50:20 55:14 56:5 58:12 62:6 65:18 70:18 72:3, 6 73:14, 24 76:20 77:22 84:4, 23 85:3 86:17 87:6, 12 92:1 102:11 113:20 116:21, 21 126:19 128:20 times 6:9 7:14, 20 27:8 tired 38:20 TISCHER 1:3, 5 5:5 16:14 17:8, 20 19:2, 5 20:3, 7 21:19 27:10 32:18 34:20 36:14 38:5, 10, 14, 25 41:11, 23, 25 43:4 44:8, 9, 17, 18 52:9, 20 53:11 55:15 58:14 59:14, 24 60:9, 12, 17 61:10, 14, 16, 19 62:17, 18, 20,</p>	<p>24 63:1, 2, 9, 23 65:23 67:7, 14 68:9, 17 69:13, 14, 18 82:1, 6, 11, 19 83:2 89:7 92:6 103:25 104:25 105:4 106:15, 24 113:19 114:15 121:2 Tischer's 19:18 38:19 55:21 58:17 81:15 85:11 102:12 105:23 112:10 tissue 82:24 title 76:4, 6 titled 86:6 today 7:2 8:23 9:2 16:19 18:13 80:22 86:17 89:6 101:11 106:14 112:18 119:7 121:4, 8 Today's 5:8 toilet 59:21 65:23 66:14 told 21:21 38:10 61:9 87:25 89:4 top 85:24 91:3 topic 7:13 19:16, 25 73:15, 17, 21 topics 8:15, 18 19:15 to-wit: 5:2 47:2 85:2 town 38:7 tracking 53:23 95:13 train 34:5, 5 40:14 44:8 56:25 57:13 60:5, 6 78:3, 6 107:11 110:8 116:16, 16 118:3 120:11, 22</p>
--	---	--	--

trained 33:7 trainer 78:3 trainers 78:7 118:4 Training 4:5, 5 8:25 9:22 10:8, 20 12:3 14:5 33:11 50:15, 17, 20 51:6, 10, 11 52:1, 5, 5, 9 64:14 73:18, 24 74:1, 9, 18, 19, 21, 25 75:5, 11 76:5, 9, 15, 18, 19 77:3, 8, 12, 23, 25 78:1, 11, 15 79:15, 21 80:18, 20 95:22 96:1, 3, 7 98:23 99:6, 13, 19, 22 100:2, 5, 7, 20 101:4, 8, 10, 14, 17, 18, 19, 23, 24, 25 102:4, 6 116:20, 24 117:2, 3, 6, 8, 12, 18, 25 118:3 119:10, 17, 22, 22, 24 120:7, 12, 15, 18 121:7, 22 122:4, 13 123:8, 24 trains 110:7 transcript 128:23 Transcription 130:9, 11 transport 60:4 96:12 107:13 TRANSPORTATI ON 1:16 5:23 29:25 51:22 108:22, 24 115:23, 25 transported 59:25 traumatic 75:13 traveling 56:24 treating 90:20 91:1 126:2	treatment 30:4 49:19 89:17 91:4 96:18, 23 97:3, 6, 19 107:5 treatments 13:18 tries 69:14 trigger 28:20 triggering 32:21 37:9 trip 38:17, 18 66:18 trouble 60:12, 19 65:25 true 122:10 130:10 try 6:22 7:11 trying 28:12 29:11 77:10 92:9, 14 108:13, 15, 16 112:4, 7 turn 101:21 123:7, 21 Twelve 2:3 twenty-nine 130:10 twice 93:3, 20 Twin 81:23, 25 90:6 two 8:15 25:21 35:15 36:5, 6 37:20 40:19 41:6 81:7 90:11 94:14 106:5 128:2 type 14:4 52:18 88:24 110:5 117:8 119:20 126:6 types 77:8 96:15, 16 97:10 126:24 typewriting 130:8 typical 118:12 typically 31:15 < U > uh-huh 6:17	35:20 ultimately 118:16 unable 41:23 42:5 43:11 69:16, 19, 19, 20 unclear 26:24 unconscious 28:7 37:7, 17 128:8 underlying 30:8 47:24 107:25 understand 6:18 7:3 9:9 10:25 15:5 22:1 24:20 25:4 26:4, 18 32:16 33:15 50:12, 22 51:3, 4 54:10 64:2 92:15 95:21 100:19 107:24 112:5, 7 understanding 24:6 51:14, 25 52:7, 13 54:14, 19, 20 65:18 70:17 74:7 76:11 78:2, 12 79:8, 22 81:24 82:2 86:12 89:14, 17 106:10 112:6 116:13 117:24 118:4 122:2 126:15 understood 7:7 53:14 undoing 60:13 unexplained 23:18 26:19 27:23 28:2, 15 48:17 49:1 UNION 1:8, 11 2:8 4:4 5:5, 20 7:18 8:24 14:10, 11, 14, 17 15:12, 17 21:7 41:4 47:22, 24 48:3 71:17 72:5 74:1 80:19, 21 81:21 83:24 94:5 104:4	111:6 113:15 116:12, 14, 19 117:17 118:15 119:5, 8, 18, 23 120:11, 14, 21 123:12, 17 unit 81:23, 25 90:6 UNITED 1:1 University 11:24 12:13, 17 unknown 26:24 unresponsive 28:7, 13 29:6, 10 32:19 33:22 36:16 39:19 unresponsiveness 35:25 unusual 39:9 UP001048 90:9 125:23 127:11 UP001454 49:16 UP001465 50:21 UP139 95:11 UP1392 124:1 UP1393 95:12 UP1487 100:22 UP's 19:17 73:17, 19, 23 76:9 78:1 102:6 urgent 96:24 use 55:13 58:3 62:8 66:24 75:9 78:14 86:4 126:17, 25 130:8 usual 22:5 39:8 usually 25:7 65:3 < V > van 60:4, 4 70:6 115:8 vans 107:13 116:6, 7 variety 14:23 96:22
---	--	--	---

<p>various 25:10 42:9 65:22 77:8 80:11 103:3 vehicle 59:14, 24 60:10, 11 68:10, 15, 18 69:9, 11, 15, 21 110:6 114:16 vehicles 102:19 vendor 76:16 78:5, 18 79:4 116:14 118:2 vendors 78:14 118:8, 13 versus 5:5 124:12 Video 1:24 2:20 VIDEOGRAPHER 2:19 5:3 18:19 46:2 47:3 84:23 85:3 128:20 videotape 5:11 VIDEOTAPED 1:6, 19 5:3 view 53:7 61:23 86:19 viewed 67:10 viral 69:5 vision 24:1, 1 volume 28:12 voluntary 74:2, 11 76:18 77:12 79:16 101:10, 25 123:25 vomited 87:8 vomiting 35:21 36:10 68:19, 20 88:23 124:8, 17, 21, 23 vomits 68:17 VS 1:7, 15 < W > Wacker 2:8, 13 wake 37:2 walk 12:6 walked 86:16</p>	<p>walking 65:25 70:5 want 8:13 9:4, 21 15:4 16:8 25:18, 20, 21 26:3, 18 27:24 31:4 34:4, 10, 12, 13 35:5 53:3 55:22 59:12 63:1, 2, 24 71:10, 10, 11 73:14, 16 76:15 78:13 79:24, 25 80:12 83:15 85:14 86:5 90:7 94:24 95:2 101:21 103:22 107:24 122:17 123:7, 9 wanted 52:10, 21 wanting 34:22 54:5 wants 55:19, 20 58:14, 19 61:13 77:2 Washington 11:9, 14, 15 12:18, 23 way 8:20 19:13 28:5 33:22 34:15, 17 39:2 41:19 64:2 68:15 87:22 100:9 112:17 114:18 119:8, 14 130:13 ways 25:10 79:19 99:23 Wayzata 2:4 weakness 65:2 66:4 87:11 88:15 127:15, 18 website 33:10 48:3 49:11 50:4 52:14, 16, 25 53:2 week 98:13 Well 7:19 8:11 9:11 10:4 11:9 13:7 14:2 15:11,</p>	<p>20 16:9 20:16 23:12 25:1, 20, 25 26:6 28:5, 9 29:7 31:9 32:23 34:1 35:18 36:21 38:12, 21 39:16 40:1, 4, 16 41:15 42:4, 15 43:17 44:25 48:21 50:2 52:16 53:12, 24 54:15 56:3 60:5, 23 62:4 63:17 64:2, 5, 7, 8, 19 66:12 67:24 68:24 70:2, 20 71:4, 18 72:3, 21 74:7 75:2 78:19, 25 83:4, 11 84:4 86:22, 25 87:21 92:7, 12, 18 96:15, 25 97:12 98:9, 23 99:10, 21 101:6, 12 103:6 104:5, 9, 14 105:14, 18 112:6, 9, 14 114:12 116:13 117:7, 19 118:21 119:4 121:3 122:22 127:14 128:2 went 12:17 52:9 83:13 90:10, 12 we're 18:20, 23 26:10 30:7 34:6 35:14 44:12, 13, 14 46:3 47:4 54:19 55:14 59:13 65:20, 20, 21 66:22 84:12, 24 85:4 119:12 128:19, 22 WESTERN 1:1 we've 19:2 24:18 33:19 39:3 48:15 73:14 75:3 80:20,</p>	<p>22 93:1 101:10 103:12 whatsoever 121:2 WHEREOF 130:17 wife 27:13 28:6 34:21 35:4 37:15 41:11 wife's 29:11 WISCONSIN 1:1 73:20 within 1:21 15:9, 14, 16 27:11 35:5 78:7 84:14 92:15 126:12, 18, 19 130:5 without 31:2 34:18 124:21 WITNESS 5:16 8:7, 17 20:16 35:14 36:21 39:16 42:4 43:18 45:23 46:1 58:6 60:23 62:4 63:17 66:12 67:24 68:24 71:4 82:8 84:19, 22 86:22, 25 87:21 88:7 93:14 94:3 102:15 105:12 106:19 107:8 108:8 109:23 111:1 114:2 115:2 117:24 118:21 121:25 125:7 130:12, 17 witnesses 79:18 82:16 102:11 wondering 48:24 112:2, 13 won't 61:12 WOOD 2:13 word 93:10 wording 26:8</p>
--	---	--	--

John Holland, M.D.
10/21/2019

65

<p>work 13:9, 19 15:14 19:18 20:12, 13, 17, 18, 23 21:1, 13, 20, 22 22:2, 6, 10, 11, 24 23:4 24:9, 18, 19 25:6, 14 29:2, 15 30:6 31:2, 3 32:8 33:3 34:5, 12, 14 35:16, 18 36:2 38:16 40:22, 25 41:3, 14, 17 42:16 44:7, 9, 10, 10, 17 50:1 54:20 55:17 56:10 57:12 63:6, 9 69:2 71:11 73:5 77:13, 17 84:10 105:23 108:3 109:13, 19 110:2, 3, 13, 13, 20 112:10 113:3, 9, 10, 10 worked 14:14, 20, 22 39:7 workers 13:14 15:23 workforce 15:16 working 13:21, 22 15:24 16:1, 4 20:7, 21, 22 45:6 66:1 72:4 82:1 110:3, 6 workplace 13:21 works 32:10 118:5 worse 38:20 40:2 would 6:9 7:14, 20 12:6 16:3 21:6 23:2, 13 24:21, 22 26:6, 6, 15 27:22, 24 28:1, 19, 21, 22, 23, 25 29:1, 6, 13 32:9 33:1, 5 34:2, 2, 12, 16 37:11 39:20</p>	<p>43:11 44:12 47:17 49:23 51:24 52:13, 24, 24 54:25 56:8, 11, 12, 13 57:9, 12, 14 61:2, 2 64:17 65:8, 12 69:4 70:9, 22 74:18 77:4, 25 78:6, 8 83:1, 9 86:9 90:25 91:9 92:18, 18, 23 94:14, 18, 19, 20, 21 96:2, 3, 14 99:15 101:9, 13 104:1 105:1, 5 106:16, 25 109:11 113:21 115:9, 9, 15 116:25 118:4, 11, 11, 12, 15 119:2 121:13 122:9, 10, 12, 20, 23 123:1, 1 124:20 127:20 128:6 wouldn't 34:3 57:8 67:2, 4 126:25 would've 101:13 write 45:11 writing 86:4 written 21:4 53:20 54:12 71:15 95:15 113:20 119:10, 10 wrong 83:13 123:6 wrote 83:6 87:24 < Y > yard 20:8 34:5 38:4, 18 39:5 55:16 59:16, 20, 23 68:12, 13, 13 73:20, 25 76:20</p>	<p>77:22 82:1 83:10 110:3 Yeah 9:13 28:14 32:25 41:21 44:10 47:9 61:8 66:16 89:15 96:15 102:15 year 12:8, 12, 14 93:3, 21 94:15 years 12:16 33:17 Yep 99:14 Yes 6:8, 10, 13, 19 7:1, 9, 22 10:9 11:4, 21 12:5 14:8 16:5 17:6 19:22 20:11 21:5 22:18 28:25 29:12 32:23 35:2 37:14 47:20 49:4, 8 50:12, 21, 24 51:5 52:7 53:1 61:8 64:16 69:25 70:21 73:22 76:1 79:5 81:17, 19 82:3 83:21 86:1 89:12 90:23 91:2, 8, 10 92:25 93:5, 5 95:14 98:21 99:8 101:2 116:2, 23 117:4, 15 119:12 121:9, 21 123:20 124:7, 22 126:4, 10, 24 127:4</p>
--	---	--